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ABSTRACT

This document presents transcripts of testimony on provisions related to schools in the Lead Exposure Reduction Act of 1992 (H.R. 5730). Statements are presented by: (1) James Murphy, Superintendent of Schools, Bayonne, New Jersey, and Legislative Chairperson, American Association of School Administrators; (2) Vaughn Barber, Law Department, Chicago Board of Education; (3) Arlene Zielke, Vice-President for Legislative Affairs, National Parent-Teacher Association; (4) Robert F. Chase, Vice-President, National Education Association; (5) George A. Kupfer, Vice-President and Chief Operating Officer, National Science Foundation International; and (6) Henry A. Waxman, a United States Representative from California. Prepared statements, letters, and supplemental materials (including research report summaries and copies of newspaper and magazine articles related to the subject) are also included. (MM)

HEARING ON H.R. 5730, THE LEAD EXPOSURE REDUCTION ACT OF 1992

HEARING

BEFORE THE

SUBCOMMITTEE ON ELEMENTARY, SECONDARY, AND VOCATIONAL EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

ONE HUNDRED SECOND CONGRESS

SECOND SESSION

HEARING HELD IN WASHINGTON, DC, SEPTEMBER 10, 1992

Serial No. 102–116

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HEARING ON H.R. 5730, THE LEAD EXPOSURE REDUCTION ACT OF 1992

THURSDAY, SEPTEMBER 10, 1992

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON ELEMENTARY,
SECONDARY, AND VOCATIONAL EDUCATION,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The subcommittee met, pursuant to notice, at 10 a.m., Room 2175, Rayburn House Office Building, Hon. Dale E. Kildee, Chairman, presiding.

Members present: Representatives Kildee, Ford, Martinez, Hayes, Sawyer, Owens, Lowey, Unsoeld, Reed, Roemer, Olver, Goodling, Gunderson, Henry.

Staff present: Susan Wilhelm, majority staff director; Thomas Kelley, legislative associate; Jefferson McFarland, legislative counsel; Margaret Kajeckas, legislative associate; Bessie Taylor, clerk-secretary; Terry Deshler, legislative assistant-clerk; Jo-Marie St. Martin, education counsel; June Harris, legislative specialist; and John Jennings, general counsel.

Chairman KILDEE. The subcommittee will come to order. The subcommittee meets this morning to hear testimony on provisions related to schools contained in H.R. 5730, the Lead Exposure Reduction Act of 1992.

The potential risk to children caused by exposure to lead in the environment is a serious concern. All members of this subcommittee share in the concern for the health and well-being of our children. Providing children with the opportunity to learn in a safe environment is a top priority.

The question before us is how we can most effectively minimize the risk of that exposure to children at a time when State and local schools are already facing severe fiscal restraints. Today's hearings will focus on those provisions in H.R. 5730 affecting schools.

Before introducing our first witness, I would like to recognize the ranking Republican on both the subcommittee and the full committee, my good friend Bill Goodling.

I see there's a vote on over in the House. We can probably finish our opening statements prior to going over there.

Mr. GOODLING. Thank you, Mr. Chairman.

Let me say that I don't think I have to apologize to anyone when it comes to being responsible for the health and welfare of children. I think in the Congress of the United States I've probably had that responsibility longer and for more children than, perhaps, anybody

else. So I don't apologize when I say that I'm going to do my darndest to make sure that we don't do the same thing to local school districts that we did with the whole asbestos issue.

If you will remember, when it first came before the committee, I said, "You'd better allow them to take 1 percent of their Federal dollars to help them do the things we are mandating," and I was told, "You don't have to do that; we'll get an appropriation." We didn't. When we reauthorized it, I said, "I don't like to say this, but I have to say I told you so," and we didn't get much more at that particular time.

To make it worse, I leaned over to Chairman Perkins at the time, and I said, "Do you have anybody down in Kentucky who knows what to go out there and look for in those buildings? Are they prepared, or are they going to really take you people across the coals," and he said, "I'm worried about it." Well, history would indicate that there were a lot of people out there who, in the name of protecting children, took advantage of taxpayers, because they had no idea what they were recommending.

And then, to make matters worse, I believe, we decided encapsulation was the greatest thing since motherhood, and, after they spent all that money, they decided that's not right; that's the wrong way to go.

I want to make very sure, whatever legislation comes out of here, that we first have the money and we send the money back to the State and to the local school districts. Before we do anything else, we need to make sure that we don't give any more mandates without putting our money where our mouth is.

We've done this in special education. We're driving school districts up the wall because it's an expensive education, a necessary education, but we promised that we would send a lot of money, and we didn't, and now my State, for instance, is cutting out what they send to the local districts for special education, which means the rest of the students, then, don't have the money to help educate them.

Again, my hope is that, by the time we finish all this—and I wish we would have taken more time—but when we finish all this, we, if mandating anything, will first have put the money up front and let the mandate follow the money.

Chairman KILDEE. Thank you.

The Chairman of the full committee, Mr. Ford.

Mr. FORD. Thank you, Mr. Chairman. I thank you for your prompt action in calling this hearing on the legislation which has been sequentially referred to us after passing the Energy and Commerce Committee.

I am going to have to leave you, because this committee is managing the family and medical leave bill, which is the first item of business on the floor today, due to start with the rule at 10 a.m. I'm sure that, as soon as this vote on the journal is over, they'll go into it. I may not be able to come back, but I will very carefully monitor the product of the hearings today, because I think that Bill Goodling has raised a point that I expected would be raised, if not in Washington, by my local school people back in Michigan, as they did before. I've been assured by national representatives of organizations that this is something that can be done easily, and there's

no problem, but that's not the reaction I'm getting on questioning local members of those organizations.

Mr. Chairman, at this point I'm slightly hesitant, because I tend to trust those at the local level, who actually work with the problem, a little bit more than those who spend all their time here in Washington.

I did want to at this time, Mr. Chairman, recognize an organization in Ann Arbor, the National Science Foundation, a nonprofit organization which provides to all kinds of agencies of government, as well as private corporations, standard-writing for all sorts of purposes, and they are represented here today by Mr. George Kupfer, vice president and chief operating officer of NSF International, in Ann Arbor. Where is Mr. Kupfer? There he is.

We talked with Dr. Nina McClelland about having someone from your organization come here to help the committee on what might be done to implement such a plan, and, having visited and been briefed by your people out there, you immediately came to mind as somebody that could provide valuable guidance to us on what is practically attainable, in terms of requirements that we might place on the schools.

I thank you, Mr. Chairman, and will return as soon as I possibly can. If your hearing goes beyond family and medical leave, I'll be back. If it doesn't, I won't see you for the rest of the morning.

Chairman KILDEE. Thank you very much, Mr. Chairman.

Mr. Martinez, have you voted over there yet?

Mr. MARTINEZ. No, I have not.

Chairman KILDEE. I was going to have you chair while I went over to vote.

If you don't mind, Mr. Waxman, we'll all go over and vote and be back then. Given us 7 minutes.

[Recess.]

Chairman KILDEE. The committee will reconvene.

Without objection, we will include in the record a statement of Harris W. Fawell, a member of the committee. Without objection, it is included.

[The prepared statement of Hon. Harris W. Fawell follows:]

STATEMENT OF HON. HARRIS W. FAWELL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. Chairman, as a non-member of your subcommittee I thank you for the opportunity to comment on H.R. 5730, the Lead Exposure Reduction Act of 1992.

It is widely accepted that lead contamination for children under the age of six is a serious problem. And I think that we all agree that something needs to be done to reduce the lead blood levels in our young children. However, I am concerned that H.R. 5730 is merely a knee-jerk reaction to this serious problem. I have been told by experts in the field that there is no sure way to totally abate a lead hazard at a school or day care facility. Sure there are ways to substantially reduce a child's exposure to lead, but as these experts have told me, many of these techniques fall short of the drastic measures that would be prompted by the panic mechanisms of H.R. 5730. I applaud H.R. 5730 in that it would greatly increase the public's awareness of the dangers associated with lead exposure, however, I am sure that this could be done without subjecting schools and day care operators to potentially ruinous inspection and abatement costs and Federal fines.

Mr. Chairman, I commend you for holding this hearing to shed some more light on this far-reaching bill. I am dismayed, however, because this hearing is limited only to the school provisions of this bill. I know that just about everybody, on both sides of the aisle, agree that the worst problems with this bill exist with the day

care provisions. We have recently passed landmark legislation that is now providing parents with the widest choice of day care providers for their children. It pains me to think that so soon after we passed the Child Care Development Block Grant Act that we would jeopardize the existence of thousands of day care facilities by subjecting them to an expensive, essentially unfunded, Federal mandate, coupled with possibly exorbitant fines.

H.R. 5730 basically does three things: first, it states that lead exposure is hazardous to young children; second, it requires schools and day care facilities to inspect for lead; and third, it strongly encourages those schools and day care facilities to abate any lead that is found. I have been told by the experts that the state of the science is such that we know two things: we know that lead is hazardous and we know how to accurately inspect for lead. WE, AS A COUNTRY, DO NOT YET KNOW HOW TO AFFORDABLY OR EFFECTIVELY ABATE LEAD IN SUCH A WAY THAT BLOOD LEVELS OF LEAD IN CHILDREN IS REDUCED TO SAFE LEVELS. Didn't we learn our lesson from the asbestos ordeal, where in many cases our Federal mandate created a problem where one did not exist?

This is a highly charged political bill. If you're against it you'll be accused of not caring about removing a known hazardous substance to protect children, and if you're for it you'll be criticized by schools and day care facilities for trying to put them out of business because of the excessive cost involved. Since we don't know yet how to effectively and safely remove the lead, I urge my colleagues to work together, in a bipartisan effort, to make this a better bill while we have the opportunity—one that will inform the public of the dangers of lead, that will show the public the known ways to reduce lead exposure, and that will not prematurely saddle schools and day care facilities with the excessive cost of abatement.

Thank you Mr. Chairman.

Chairman KILDEE. Our first witness today is a respected Member of Congress and a very good friend of mine, the Chairman of the Subcommittee on Health and the Environment, Hon. Henry A. Waxman of California, the sponsor of this bill.

Mr. Waxman?

STATEMENT OF HON. HENRY A. WAXMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. WAXMAN. Thank you very much, Mr. Chairman and members of the subcommittee. I want to thank you for holding this hearing and scheduling it so quickly. Your fast action makes it possible for Congress to act on this important lead-poisoning legislation, H.R. 5730, before adjournment.

This hearing is well timed for another reason. A groundswell of public concern over lead poisoning, and lead poisoning in schools in particular, is emerging throughout the country. In the beginning of August, Good Housekeeping and Family Circle, two of the most widely read magazines in the country, announced a nationwide campaign to require mandatory inspections for lead hazards in elementary schools and day-care centers.

Two weeks ago, The Washington Post ran a major feature on lead poisoning. The figures reported in The Post are truly staggering. Forty-one percent of over 20,000 children tested in Maryland last year had toxic levels of lead in their blood—41 percent. More than one out of four children tested in Washington, DC, in 1989 had toxic levels of lead in their blood. In inner-city communities, such as Oakland, California, and Chicago, two out of three children tested had toxic levels of lead in their blood.

Two weeks after the Post story, the editorial board of USA Today urged Congress to "Get the Lead Out," saying that "stopping lead poisoning is a battle lawmakers could win."

Finally, just 2 days ago, the New York Post captured the public's fears with a front-page headline: "As a million kids return to the classroom—school lead scare."

In the short time that I have, I want to respond to some of the myths about lead poisoning in this bill. A summary of the bill is attached to my statement.

One myth is that lead poisoning is another empty toxic scare. That is flatly untrue. The Federal health experts at the Centers for Disease Control call lead poisoning "the most common and societally devastating environmental disease of young children." EPA estimates that as many as three million young children have toxic levels of lead in their bodies.

Let me just elaborate on that. With a lot of toxic problems we hear about, the consequences are not for years out: people exposed to carcinogens that may lead to cancer 10, 15, 20, 30 years out. Lead does harm to children immediately. It costs them intellectually, permanently. If it's in sufficient amounts, it could lead to mental retardation, but if there's an exposure in schools and in day-care centers, it can rob them of their intellectual capacity.

Another myth about the lead program in our bill, which calls for inspections of schools and day-care centers, is that this is an unfunded mandate. The reality is the opposite. Although the bill requires lead inspection, it authorizes funds of $240 million over 4 years to pay for the inspections. All the mandates in the bill for schools and day-care centers are fully funded.

A third myth is that H.R. 5730 is like the asbestos in schools program, requiring abatement. A couple of your colleagues, Mr. Chairman, mentioned that in their opening statements. This simply is not so. The bill requires inspections and disclosures of results to parents, but it leaves the decisions about abatements to the local officials.

I hope Chairman Ford would listen to the local officials, let them decide what they want to do, but let them know the truth about the matter; don't just let them tell him and other school officials tell you they don't want to know about this information because it may lead to a problem of having to fund abatement. Better they should know. That's the only thing we require: that they know. Then what abatement decisions they make will be up to the local people.

A fourth myth is that schools cannot afford to conduct inspections for lead hazards. The truth is, they cannot afford not to conduct inspections for lead hazards.

I recognize that school budgets are being squeezed across the country, but this only makes lead inspection more important, because, as budgets get squeezed, school boards defer maintenance and allow school buildings to deteriorate, creating significant lead risks. There would not be nearly so great a need for lead inspections if schools could afford proper maintenance for their school buildings.

So I would say that, while they are strapped for funds, this is something—at least an inspection—that we ought to require of them.

The legislation before you has been endorsed by many groups. As you will hear today, the National Education Association and the National PTA are strongly behind the bill.

H.R. 5730 is also supported by the National School Boards Association. These are the people who are in charge of managing our public schools. On July 30, 1992, the School Boards wrote that "the National School Boards Association supports the amendment on school inspections." We view this amendment as an appropriate balance between the risk of childhood lead poisoning and the substantial costs of testing and abatement." The only question the School Boards has with the legislation is whether the authorization level is adequate, an issue on which we would welcome your advice.

The United States Catholic Conference has also written to me to state that they do not oppose the legislation.

But despite the widespread support for H.R. 5730, there are some who apparently believe that lead inspections at schools and day-care facilities should be voluntary. I couldn't disagree more strongly. Schools and day-care providers have a fundamental obligation to insure that their facilities are safe for children. The inescapable fact is, this obligation cannot be met without an inspection to detect hidden lead hazards.

The bill was reported by the Energy and Commerce Committee on a strong, bipartisan vote of 39 to 4. It deserves your support.

Let me just illustrate why we shouldn't let it be voluntary. We found out a couple of years ago that certain water coolers had high levels of lead in the water, and we tried to act appropriately on that legislation, and we left it up to the schools to voluntarily test whether the water had too much lead in it. We even had the money available to the schools to do it.

The response of the schools was not to even bother to test the water coolers. They didn't want to know. They would rather not know because, if they know, they're afraid they're going to have to do something about it. I think the same is true here. A lot of schools would just as soon not know, but not to know—that ignorance is going to be very costly in terms of children's intellectual abilities; their permanent intellectual capacities will be threatened.

Now, it is not always so expensive to respond to the problem. Oftentimes, the problem can be dealt with by, once you know about it, simply not having children go to certain areas, or a certain kind of painting over the problem, if there's a lead-paint problem, may be appropriate. There are things that can be done. To say that nothing should be done, because they don't know about the problem, is not an answer. We hope you'll consider this legislation favorable and move as quickly as possible, so we have a chance to pass it.

I'd be happy to answer questions.

[The prepared statement of Hon. Henry A. Waxman follows:]

Statement of Rep. Henry A. Waxman,
Chairman of the Health and the Environment Subcommittee
Before
The Subcommittee on Elementary, Secondary,
and Vocational Education

September 10, 1992

I want to thank Chairman Kildee and the members of the subcommittee for inviting me to testify. I especially want to thank the Chairman for scheduling this hearing so quickly. Your fast action makes it possible for Congress to act on this important lead poisoning legislation, H.R. 5730, before adjournment.

This hearing is well timed for another reason. A ground swell of public concern over lead poisoning – and lead poisoning in schools in particular – is emerging throughout the country.

In the beginning of August, Good Housekeeping and Family Circle, two of the most widely read magazines in the country, announced a nationwide campaign to require mandatory inspections for lead hazards in elementary schools and day-care centers.

Two weeks later, the Washington Post ran a major feature on lead poisoning. The figures reported in the Post are truly staggering:

- 41% of over 20,000 children tested in Maryland last year had toxic levels of lead in their blood.
- More than 1 out of 4 children tested in Washington, D.C., in 1989 had toxic levels of lead in their blood.
- In inner-city communities, such as Oakland, California, and Chicago, 2 out of every 3 children tested had toxic levels of lead in their blood.

Two weeks after the Post story, the editorial board of USA Today urged Congress to – quote – "Get the Lead Out," saying that "stopping lead poisoning is a battle lawmakers could win."

Finally, just two days ago, the New York Post captured the public's fears with this front page headline – "As a million kids return to the classroom ... SCHOOL LEAD SCARE."

In the short time that I have, I want to respond to some of the myths I hear about lead poisoning and H.R. 5730. A summary of the bill is attached.

One myth is that lead poisoning is another empty toxic scare. This is flatly untrue. The federal health experts at the Centers for Disease Control call lead poisoning – quote – "the most common and societally devastating environmental disease of young children." EPA estimates that as many as 3 million young children have toxic levels of lead in their bodies.

Another myth is the lead program in H.R. 5730 – which calls for inspections of schools and day care facilities – is an "unfunded mandate." The reality is the opposite. Although the bill requires lead inspections, it authorizes funding of $240 million over four years to pay for the inspections. All the mandates in the bill for schools and day

care are fully funded.

A third myth is that H.R. 5730, like the asbestos in schools program, requires abatement. This is simply not so. The bill requires inspections and the disclosure of results to parents, but it leaves the decisions about abatement to local officials.

A fourth myth is that schools cannot afford to conduct inspections for lead hazards. The truth is, they cannot afford not to conduct inspections for lead hazards.

I recognize that school budgets are being squeezed across the country. But this only makes lead inspections more important. As budgets get squeezed, school boards defer maintenance and allow school buildings to deteriorate – creating significant lead risks. There would not be nearly so great a need for lead inspections if schools could afford proper maintenance.

The legislation before you has been endorsed by many groups. As you will hear today, the National Education Association and the National PTA are strongly behind the bill.

H.R. 5730 is also supported by the National School Boards Association. These are the people who are in charge of managing our public schools. On July 30, 1992, the School Boards wrote that – quote – "the National School Boards Association supports the amendment on school inspections. ... We view this amendment as an appropriate balance between the risks of childhood lead poisoning and the substantial costs of testing and abatement." The only question the School Boards has with the legislation is whether the authorization level is adequate – an issue on which I welcome your advice.

The United States Catholic Conference has also written to me to state that they do not oppose the legislation.

But despite the widespread support for H.R. 5730, there are some who apparently believe that lead inspections at schools and day-care facilities should be voluntary. I could not disagree more strongly.

Schools and day-care providers have a fundamental obligation to insure that their facilities are safe for children. The inescapable fact is, this obligation cannot be met without an inspection to detect hidden lead hazards.

H.R. 5730 was reported by the Energy and Commerce Committee on a strong, bipartisan vote of 39 to 4. It deserves your support.

Lead Facts

Subcommittee on Health and the Environment, Committee on Energy and Commerce
U.S. House of Representatives

Issue 8
August 10, 1992

ENERGY AND COMMERCE COMMITTEE MARKUP OF H.R. 5730

On August 5, 1992, the Committee on Energy and Commerce voted 39 to 4 to report H.R. 5730, the Lead Exposure Reduction Act of 1992. H.R. 5730 combines provisions of H.R. 2840, which was reported by the Health and the Environment Subcommittee on November 4, 1991, and H.R. 3554, which was reported by the Transportation and Hazardous Materials Subcommittee on April 2, 1992. This issue of Lead Facts summarizes the major provisions of H.R. 5730, as reported by the Committee.

Provisions to Protect Families from Lead Paint

Lead paint is the single most significant cause of childhood lead poisoning. According to the Environmental Protection Agency, 2 million children have been exposed to enough lead from deteriorated paint to cause mental impairment. H.R. 5730 contains several provisions recommended by the federal Centers for Disease Control to protect families from lead paint hazards in their own homes.

Regulation of the Lead Inspection and Abatement Industry. Families that suspect lead hazards in their homes need a means to identify and remove the hazards. Currently, however, there are no federal standards (and very few state standards) for lead inspection and deleading. H.R. 5730 addresses this gap by directing the Environmental Protection Agency to issue federal inspection and abatement standards within 18 months. In addition, EPA must also establish a program (which can be administered by states) to license contractors engaged in lead inspection or deleading.

Regulation of the Renovation Industry. Home renovation and remodeling in an old home that contains lead paint is an extremely hazardous undertaking. According to the American Academy of Pediatrics, if renovations are performed in these homes without proper precautions, there is a 70% to 80% likelihood that any young children present will be lead poisoned.

In response to these risks, H.R. 5730 phases in a system for regulating contractors engaged in renovation and remodeling. First, within 18 months after enactment, EPA is required to issue guidelines for conducting safe home renovation and remodeling. Second, within four years after enactment, EPA is required to establish a program to license renovation and remodeling contractors that create lead hazards in the course of their activities.

Program to Inspect Schools and Day Care Facilities. Many young children spend a large portion of their day in kindergarten or day care. To protect these children from hidden lead hazards, H.R. 5730 requires school and day care operators to inspect for lead hazards and disclose the results to the parents. The bill authorizes $30 million a year to help offset the costs of inspection.

Standards for Testing and Abatement Products. Finally, to protect families from unsafe or ineffective products for testing for, or abating, lead paint, H.R. 5730 directs the President to establish performance standards for these products.

Hazard Disclosure Requirements Deferred. H.R. 2840, as reported by the Health and the Environment Subcommittee, contained provisions recommended by the federal Centers for Disease Control to insure that families are warned of lead paint hazards before they move into a home or apartment. These provisions could not be worked out fully during Committee consideration and were deferred to the House floor.

Provisions to Protect Families from Lead in Soil

Soils contaminated by lead from the fallout of leaded gasoline or deteriorating lead paint on building exteriors can pose a serious health risk. Overall, EPA has estimated that up to 30% of the lead poisoning cases in the U.S. may be due to soil exposure.

To address this risk, H.R. 5730 requires EPA to define a dangerous level of lead in soil and then promulgate standards for testing for, and abating, such soil. H.R. 5730 also requires operators of schools and day care facilities to inspect outdoor playgrounds for dangerous levels of lead and to notify parents of any soil hazards.

Provisions to Protect Families from Lead in Drinking Water

H.R. 5730 contains several provisions to reduce lead in drinking water. According to EPA, drinking water is the most widespread source of lead exposure, with more than 20 million children being exposed to enough lead in drinking water to reduce their intelligence by at least small amounts.

The drinking water provisions in H.R. 5730 establish standards reducing the level of lead in faucets and other plumbing fittings; place restrictions on the sale of lead solder to curtail the illegal use of lead solder in home plumbing; and require the recall of water fountains with a dangerous level of lead. They also require schools and day care facilities to complete testing for lead-contaminated drinking water (a limited amount of testing has been done under a voluntary program enacted in 1988).

However, H.R. 5730 drops the provisions in H.R. 2840 that placed new obligations on public water systems to reduce lead in drinking water.

Provisions to Protect Families from Lead in Food

H.R. 5730 contains several provisions to reduce lead in the food supply. Specifically, it bans the intentional use, and phases down the unintentional use, of lead in food packaging; requires the Food and Drug Administration to regulate lead levels in ceramic and crystal ware; and directs FDA to reduce lead levels in processed foods.

Provisions to Protect Families from Current and New Commercial Uses of Lead

Finally, H.R. 5730 contains several provisions addressing ongoing and new commercial uses of lead. These provisions ban the continued use of lead in industrial paints and certain other products. They establish a program requiring manufacturers to notify EPA of new uses of lead, giving the agency the opportunity to halt these uses where dangerous. And they require manufacturers to place warning labels on products that contain potentially hazardous lead levels.

Chairman KILDEE. Thank you, Mr. Waxman.

Just ne note: I can recall several months ago it was announced that in Annex 1—that is the O'Neill Building now—there is lead in the water. That's an older building. I'm chairman of the page board, and that's where the pages live. I think by the very next day we had bottled water put over there, because I felt I wanted to treat those pages as I would want my own children to be treated. So we did act with dispatch in that area.

I was very concerned, and I think I want to approach this bill in a fiscally sound way, make sure that there are dollars involved here, but also take responsibility for those children out there, as I assumed immediately responsibility for the pages when we found out that there was lead in the water over there in the Annex 1. I think we all agree that we have a moral responsibility to the health of the young people of this country.

Let me just ask this one question. Maybe it's a statement, too. You authorized—how much money was it in your bill?

Mr. WAXMAN. We authorized—I think it was $[illegible]0 million over a 4-year period, to help pay for these inspections, which are the mandates in the bill.

Chairman KILDEE. I'm wondering, if we're going to do that, whether we can—we have certain things that are entitlements around here that are maybe arguably less entitled than something like this. Authorizations do not guarantee an appropriation; that's one of my concerns in many of these areas here, from the fiscal point of view. I know the moral point of view, and we have to look at both the moral point of view and the fiscal point of view.

I always look upon an authorization—I've used this analogy very often—as a get-well card. If I have a friend who is ill, I will send my friend a get-well card, which is an expression of my sentiment, but what my friend may need, really, is the health-care card to pay the bills. I think the authorization very often is the get-well card, and the appropriation is the health-care card. I think, if we can pull together these two and make sure that we go beyond the authorization step and we have some money involved—perhaps we can work on that and see how we can create that situation.

Let me ask you just one question, Mr. Waxman. Testimony later today will indicate that schools are not eligible for training grants. Is that your interpretation of this?

Mr. WAXMAN. No. As a matter of fact, we believe that the answer would be that the schools would be eligible for school employees to get training grants and to take on the responsibilities themselves to perform inspections—and abatement, as far as that goes. The bill lets schools perform lead work in-house by getting a license for the work and training their employees, and there are grants in the bill, $5 million or more annually, to support the training.

Chairman KILDEE. If we felt there was any possible ambiguity, you would have no problem having that clarified, either in the report language or——

Mr. WAXMAN. I would certainly want to work with you to clarify what we're trying to accomplish. We certainly want to accomplish the same goals.

Chairman KILDEE. Thank you very much.

Mr. Goodling?

Mr. GOODLING. Well, you heard my opening statement, so I won't repeat it again, because, as I said, I've gone through this asbestos situation——

Mr. WAXMAN. I hope you heard my testimony in response to it, because I think this is a different situation than what you've expressed your fears are.

Mr. GOODLING. There's only one problem that I have. When you talk about $240 million and you say it's inspection, that it will cover the inspections and so on, and you don't mandate the abatement process, you know and I know you surely do mandate the abatement process, because the first day that anyone says anything about, under ten layers of paint there is a pre-1980, lead-based paint—and you must notify the parents, according to your bill—that's the same as mandating abatement.

I mean, I think there's no question that it mandates abatement. I don't think we should try to get around that, because, as I say, as soon as you notify—my concern is twofold. Of course, the $240 million is a drop in the bucket, in relationship to any kind of abatement program throughout the United States, when you think of the number of schools built before 1980.

My second concern is, we're talking about an authorization, and we had beautiful authorizations for asbestos. I mean, they were magnificent. Nothing was appropriated the first time at all, and a meager amount the next time around.

So those are my two concerns. My third concern, I guess is, do you cover Congress? Because in this committee we don't cover Congress on anything. Do you cover Congress?

Mr. WAXMAN. Could I respond to all three of your concerns?

Mr. GOODLING. We have a day-care center in Congress.

Mr. WAXMAN. I would expect to cover the day-care center, and I would want us to cover that day-care center. There should be no day-care center or school where children come to get an education that's going to poison them, and immediately, rather than help them learn more and accomplish more in their lives, present them from having the intellectual capacity, maybe the mental ability, to succeed in life.

On the distinction between the asbestos issue: We don't mandate an inspection and abatement. We mandate an inspection, but the inspection is not to tell us that under ten levels of paint there was a paint job with leaded paint, because that's no problem. What we do mandate is an inspection to see if there's an imminent hazard to children, that they will be exposed to, such as flaking and peeling paint.

If there's an imminent hazard of paint dust, one way to abate that is to clean it up. It doesn't mean that they have to go and repaint the whole building or anything else, but at least they should know about that imminent hazard. I think we pretty carefully state in the bill we're not talking about potential hazards; we're talking inspection to determine whether there is in fact a hazard that children are going to be exposed to.

We'd be happy to clarify that language.

Mr. GOODLING. How far do they go with that inspection? You say it doesn't matter if there are 12 coats on top. They don't have to check through all of that to find out if there's any——

Mr. WAXMAN. No. They have to look at obvious places—I don't have the bill in front of me; maybe my staff does. But as I understand it, when we're talking about first grade and above, we're looking at obvious places where—inspections in places where children are going to be exposed and then to see if there's a problem in those particular areas.

When you're talking about infants and toddlers, you do have to be a little bit more careful, because there they could go and pick up dust with their fingers and then put it in their mouths and suck their thumbs.

Mr. GOODLING. I understand that, but in your law you—I don't know how you interpret this, but in the law it specifically says "daily or significant use by children in kindergarten or younger children to detect any lead-based paint." I would think you would have to go through 14, 15, 16 layers.

You know, here, we don't clean the walls; we just paint when they get dirty, which means we keep people working and they paint every other week. So I don't know what may be under the Cannon Building—well, even this one [Rayburn], I guess, was built before 1980.

Mr. WAXMAN. Mr. Goodling, I didn't hear the last part of what you had to say because I was hearing some information from my staff.

Mr. GOODLING. I was just indicating that here we don't wash walls; we paint. So we will probably have a problem here, also, because of the number of times this building and all of these buildings have been painted.

Nevertheless, my question deals with what it says in your law.

Mr. WAXMAN. What we wanted to do was to make sure we get those hazards. We did put lead-based paint inspections because the school boards asked us to phrase it that way. We'll be happy to look at it, phrasing it in a way that gets to the hazards.

We don't want inspections that just tell somebody that somewhere in times past lead was used in paint. Lead was used in paint everywhere prior to 1980. What we want to find out is if there's a hazard to these kids, and that, it seems to me, is the kind of inspection information that we want to get out.

Mr. GOODLING. I don't have a problem with that, other than that you know any time we legislate, until regulations and until clever lawyers, et cetera, et cetera, are finished with it, I'm not sure that they'll know exactly what you mean when you say to detect "any lead-based paint." That may mean to somebody out there that you go through 15 layers so that you can expose those kids, because you get to the 16th layer, and out comes some lead-based paint. I think you have to be very specific.

Mr. WAXMAN. Let's work on it.

Chairman KILDEE. Mr. Martinez?

Mr. MARTINEZ. Thank you, Mr. Chairman.

I have to follow through with the thought that Mr. Goodling just presented about the regulators. You know, we've been not surprised at all recently that, after we pass a law, there's the interpre-

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tation of that law by the regulators, the people that are going to do the regulation, and even by the inspectors at the local level. But I think those are things that can be worked out.

I know that the cost of an inspection would be determined by the size of the facility that was being inspected, but I would imagine that somebody has done some studies to determine generally what the costs are. Do you have any idea?

Mr. WAXMAN. The State of Massachusetts has a law where they mandate inspections of homes, and to do a thorough inspection of a home in the State of Massachusetts, for lead paint problems, the cost estimate is $125. I would assume a school would be a comparable amount.

Mr. MARTINEZ. That's not very much.

The reason I asked the question is to determine how far that $240 million will go, because there are some people who preliminarily said that the $240 will not go that far. I think that those people overlooked the obvious. That $240 million can be a supplement to the things that they can do in-house—as you said, train people to do it in-house. They also have local building inspectors that can be trained very easily to do this. You also have OSHA inspectors. Most States have their own OSHA laws now. There are a lot of ways, if we all work together, you can accomplish the inspection.

Does the bill require only federally-funded day-care centers to be inspected, or all day-care centers?

Mr. WAXMAN. I believe it requires all day-care centers, because we're concerned about all children.

Mr. MARTINEZ. Well, somewhere we've got to think about——

Mr. WAXMAN. Most day-care centers are not federally funded.

All that are regulated, licensed, or federally funded, so there is a Federal connection.

Mr. MARTINEZ. So that means that there would be some.

Mr. WAXMAN. We ought to look at that issue again, because certainly what we're trying to do is reach places where children are going to be.

Mr. MARTINEZ. I think that's something we should take a look at, because I support the idea, and I think it's a good piece of legislation.

There are a lot people that are saying now, though, that the cost of inspection—and if the average home in—where was it, Massachusetts?

Mr. WAXMAN. Yes.

Mr. MARTINEZ. [continuing] is $125, I don't see that driving a lot of day-care centers out of business or underground, which was a preliminary concern, that that would happen.

Do you have any ideas on how this would be policed? First, would the $240 million dollars be given out just simply as applied-for grants?

Mr. WAXMAN. I would presume so.

Mr. MARTINEZ. And then the local authority to inspect would fall to who?

Mr. WAXMAN. On advice of counsel——

[Laughter.]

Mr. WAXMAN. [continuing] who has worked on this bill with great diligence, the obligation would be on the schools and day-care centers to have the inspection. We would hope the States would take over the responsibility of policing the whole matter. If they didn't, then EPA would be responsible.

Mr. MARTINEZ. I guess the bottom line I'm getting at is, how do we make sure that it's done? Who has the policing authority? Who do we give the authority to to make sure——

Mr. WAXMAN. Presumably the State would then come in and say—if they were going to take over the program—this is what has to be done, and they would be in charge and responsible to see that it's done. But if a State did not want to do that—not pass the laws or take on that responsibility—then the Federal Government would take on that responsibility directly, by informing each school and day-care center that would be affected that they have that responsibility and working to make sure that they lived up to it.

Mr. MARTINEZ. I guess part of the stick would be that——

Mr. WAXMAN. That's the stick. The carrot would be, hopefully, if we get the appropriations, to give them some financial assistance.

Mr. MARTINEZ. I was handed a note here that somewhere there was a study done by HUD, was it?

Mr. GOODLING. I'm the author.

Mr. MARTINEZ. It was $375 to $1,500 per home, and that doesn't include soil testing.

Mr. WAXMAN. When Massachusetts adopted its law several years ago, the estimate was around $500 for the inspection. When they mandated it and required it, they had inspectors available to do the work, and the costs for the inspections dropped dramatically. This has been the real-life experience, as opposed to just estimates of what it might be.

Mr. MARTINEZ. I could easily go along with the idea, as I suggested earlier, if local authorities had people already in place—because a lot of the cost in anything is the training of people to do it. A lot of these people are already close to that expertise, anyway, if they've got, let's say, a background to be a building inspector or an OSHA inspector——

Mr. WAXMAN. Well, let me also respond: Let's say it was $500, as that HUD estimate indicates.

Mr. GOODLING. HUD is $375 to $1,500 and does not include soil.

Mr. WAXMAN. Their best case is $425, according to my staff, in dealing with HUD. I think $400, $500 is not unreasonable to ask that be spent to find out if kids are going to be poisoned.

Mr. MARTINEZ. Let me ask you another question, because that brings up a thought, too, you know, when you talk about the soil, especially in day-care centers. It's difficult to move whole schools, the population of a school. We had that experience in my district. Tweedie School, in my district, was found to have levels of toxics coming up from the ground from a barrel company next door to it that handled hazardous and toxic waste. That whole school population was moved out of that school, moving the children out of the immediate danger of the hazard. It still is very difficult, I understand, to do that on a wholesale proposition.

But in the day-care centers, I would imagine that it wouldn't—since the bill does not require abatement, only requires inspection

and notification—that in small facilities they could move the children out of that imminent danger, move them from the facility. Would you like to elaborate on that?

Mr. WAXMAN. Well, I think that the point you're making is a good one. Take, for example, soil. If kids are playing out in the dirt, in the school yard, that could be very dangerous if there are lead levels there, but if they knew that there was a problem they could put wood chips over it; they could grow grass over it; they could deal with the problem in a way that is not so horrendous to require—we don't even require it, but certainly we would think they would want to act responsibly, once they know.

If they don't know, they'll be happy to go on, hoping that there's no problem. So that's why I think they've got to have that requirement, that mandate, that they must at least do the inspection and give that information to the families involved.

Mr. MARTINEZ. I think I have to agree with you. Some people believe ignorance is bliss, but it's not necessarily. It can lead to some horrendous problems. So I would think that we should know, and the school districts should be mandated to find out.

Thank you, Mr. Chairman.

Mr. GOODLING. Will the gentleman yield?

Mr. MARTINEZ. Yes, sir.

Mr. GOODLING. I just wanted to respond to a comment that our colleague made, something about that he didn't think $500 was too much money to spend for the health of a child. I certainly don't think so either. I don't even think $1,000 is too much to spend, and that's the average that the Energy and Commerce Committee has reported that this inspection would cost, $1,000 per school, which it states right in their notes. Even $5,000.

My whole argument is that the people back there one of these days are going to descend upon this great institution and start eliminating everyone, not waiting for an election, if we continue to send mandates and don't send money. They don't have any place to turn. Where does a big, center-city school turn for any additional funds, and where do many districts in my rural area turn for any additional funds? We only have a couple affluent districts.

My whole argument is, let's make sure we have enough money in place if we're going to send any mandates out there, and let's not just authorize it; let's make sure we have some commitment in blood from the Appropriations Committee that this is going to happen. Otherwise, we're going to have them right back into the boat where we have them on asbestos; where we changed our mind as to how you handle it.

So we want to make very sure the money is available. If it costs $5,000 per school I don't have any problem with that, but let's make sure that we see the money gets there. Otherwise, let's not send the mandate.

Chairman KILDEE. Mr. Gunderson?

Mr. GUNDERSON. No questions.

Chairman KILDEE. Mr. Roemer?

Mr. ROEMER. I will be very brief, Mr. Chairman. I'd like to welcome the distinguished gentleman from Energy and Commerce here this morning and commend him for his interest in this issue. I think it's one that we should pay attention to, that we're not only

concerned on the Education and Labor Committee about the educational standards and money to enforce these educational programs, but also the environment that these children are learning in, as well.

When you testified and said that two out of every three children tested had toxic levels of lead in their blood in places like Oakland and Chicago, that's something that we should all be concerned about, morally and ethically, and I commend your leadership.

My concerns—and they're concerns that I share with Mr. Kildee and Mr. Goodling—are that we are very frustrated on this committee with lack of funding for such programs as the Pell grant. We authorized it at a certain level, and then the appropriators don't appropriate enough for it. Job training programs and new apprenticeship and vocational training programs, full funding for Head Start, where our children get off to an equal start, no matter what kind of background or what kind of neighborhood they're from—very frustrating, as a freshman member of this committee, that we can't get more resources for those programs.

We're fighting for every dollar we can. Secondly, we've seen in the States some of the problems. Your home State, California, now experiencing cutbacks. At the university and State level, college students are now going to have to go 6, 7, 8 years to school sometimes to finish out a major. That's a big problem, and I don't know how we work on that. I know that your concern is for money and for learning and for the environment that these children are learning in. Maybe we can work out some kind of compromise or balance there.

My Democratic governor in the State of Indiana constantly complains about mandates without money and says, "Don't tell us to do something without providing some of the money to do it, as well, too." So I guess my concerns are that you have elevated this as an issue, and I applaud and commend you for that. We need to work on this. How we need to address the problem and elevate the attention is something that hopefully we can work through on this bill and not mandate the States without too much appropriated money, which should happen when the States are going through the crises that they are.

Maybe you want to respond to that.

Mr. WAXMAN. I want to thank you. That's an excellent statement that you've given, and I think it illustrates that this is a real problem; we've got to deal with it; there are other problems as well. You're going to save money, I'll tell you, on Pell grants when kids are lead-poisoned in day-care centers and elementary schools. These aren't kids that are going to get higher education. These are going to be kids who are going to drop out, be part of the criminal justice system.

We'll wonder how that all happened, and we'll probably come to the conclusion they didn't hear enough about moral values, but the reality is that we didn't give them a chance, because we put them in a situation where they were exposed to lead poisoning and suffered from it.

It's a silent kind of a poisoning, because you don't see it, exactly; you just are going to have to accept the fact that the children's intellectual abilities are so severely impaired.

But when there are these cutbacks, because of strained budgets, that's when we've got to worry even more, because that's when the schools are going to cut back on the maintenance of the building. It's when the buildings are not maintained that the paint starts chipping, and they say, "Well, maybe aesthetically we can go another year or two," but that's when the children are most at risk.

So there's an irony here that, if we recognize there are cutbacks and the need for cutbacks and don't want to put another burden on the schools, we may be doing the worst that we can, because we'll leave them ignorant and therefore not even going to address the problem.

So I think we ought to try to get some funds. I know they don't like mandates, but we ought to give them a big, strong push. They ought to be doing it on their own, but schools won't do it on their own if you ask them to do it voluntarily. School districts won't impose it upon them, because they're strapped for funds. States don't want to impose it upon anybody, because they're strapped for funds. If we use the same excuse, we can all say, "Well, we never knew," but it's so easily corrected once we have the inspection and find that there's a problem, and it's not that expensive a proposition.

Even if you took the figure of $500 for the inspection—it's been brought to my attention that the National PTA estimates $39.1 million for day-care homes and centers, $46.8 million for elementary schools, $9.2 million for secondary schools. You add all that up, and it comes to $95.1 million, so I think we can afford to help out at the Federal level, rather than just simply do a mandate without the dollars.

But then we've got to make sure those dollars are there if it's authorized. I understand the problem.

Mr. ROEMER. Thank you for your attention.

Chairman KILDEE. Mr. Reed?

Mr. REED. Thank you, Mr. Chairman.

I, too, want to commend Mr. Waxman for his leadership on this issue and to report back that, over the last few weeks, back in my district in Rhode Island, I went to all of my community health centers in Providence, which is an old Northeastern urban center, and the problem of lead exposure in children is very real and very disturbing. They see examples—it comes from many sources: from old tenements, from schools, from the soil itself.

The other disturbing fact that I'd like to point out is that, talking to some of the physicians that treat these young people, there's a debate now among the clinicians whether or not there's any safe level of lead absorption. At one point they thought if they got to a certain level then there was a problem, and now they're beginning to doubt, so this could be a much more serious problem than we even think at this moment.

I think we have to act, and I applaud your actions.

I also want to second your comments that this is an educational issue, not just in the sense of being dollars and cents for schools, but, when these young people absorb the lead, that impairs their ability to learn and in fact may significantly impair their ability to grow up and mature and live useful lives in our society.

This is an important issue, and it's a tough issue to come up with the right, efficient way to deal with it, but through your efforts we're beginning a process that I think is absolutely necessary, and I thank you for that.

Chairman KILDEE. Mrs. Lowey?

Mrs. LOWEY. Thank you very much, Mr. Chairman, and I want to thank you, Chairman Waxman, for appearing before this committee.

This issue has been one of my top priorities in our district, not only dealing with lead in our schools and our child-care centers, but certainly in our homes, because we know what happens as a result of our laxity, and certainly the developmental disabilities in children has to be a key concern of all of us.

I certainly appreciate your leadership on this issue, and I appreciate your coming before our committee, and I look forward to working with you to make sure that we can put this issue up front and get the resources to do something about it. I think what's so unfortunate—and we've all been reading the headlines in New York City these days—that we've been highlighting the problem, drawing attention to the issue, but we haven't been able to get the resources to address this issue seriously.

You've been an important leader, and I look forward to working with you to accomplish these goals and thank you very much.

Chairman KILDEE. I want to thank Mr. Waxman, also. Henry, there's no doubt in my mind that this country is a healthier country because of your service in the Congress—not as healthy as you would want it yet, but I know it's a healthier country because of your efforts. I personally thank you, and I thank you on behalf of the committee.

We certainly want to do everything we can—I think we do have moral obligations in this Congress. We have fiscal situations, but we also have moral obligations. I want to work closely to make sure we discharge those responsibilities.

Mr. WAXMAN. Thank you very much. I appreciate those comments, Mr. Chairman.

Mr. KILDEE. Our second panel will consist of Mr. James Murphy, superintendent of schools, Bayonne, New Jersey; Mr. Vaughn Barber, attorney, law department, Chicago Board of Education; Ms. Arlene Zielke, vice president for legislative affairs, representing the National PTA; Mr. Robert F. Chase, vice president of the National Education Association; and Mr. George A. Kupfer, vice president and chief operating officer, NSF International, in Ann Arbor, Michigan.

I did my graduate work a number of years ago at the University of Michigan.

We will start—probably in the order, unless you have arranged some other order among yourselves—with Mr. Murphy.

STATEMENTS OF JAMES MURPHY, SUPERINTENDENT OF SCHOOLS, BAYONNE, NJ, AND LEGISLATIVE CHAIRPERSON, AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS; VAUGHN BARBER, LAW DEPARTMENT, CHICAGO BOARD OF EDUCATION; ARLENE ZIELKE, VICE PRESIDENT FOR LEGISLATIVE AFFAIRS, NATIONAL PTA; ROBERT F. CHASE, VICE PRESIDENT, NATIONAL EDUCATION ASSOCIATION; AND MR. GEORGE A. KUPFER, VICE PRESIDENT AND CHIEF OPERATING OFFICER, NSF INTERNATIONAL

Mr. MURPHY. Thank you, Mr. Chairman.

I am the legislative chairperson for the American Association of School Administrators, and we come here today to testify because of our concern on this legislation. We feel that it is very important that the Nation get on with the reduction of exposure to children as quickly as possible. We also feel that some cautions must be looked at.

We support the concept, but we have advised that we are in opposition to putting the school district staff in the position of risk management, risk assessment, and risk communication, especially at a time when I believe 38 States in this country have cut education budgets. Now we are, I am afraid, starting to replay the asbestos fiasco that we've gone through, and in my remarks I'll explain a little about my own experience.

This bill has a noble aim, and it's certainly time that it was addressed. However, the attempts to protect children at the public schools relies on what I call the failed strategy of asbestos removal. We want to make sure that it's done in a time-effective way, a cost-effective way, and with the most protection for the children.

The recent history of asbestos: the famous AHERA regulations asked school districts to hire inspectors, become risk managers, based upon the inspections, undertake abatement and manage the risk over the long term. Very honestly, I wasn't trained to do that, and in my district I never realized how much time I would have to spend becoming an environmental scientist.

In my district, we have been prudent when it came to asbestos. We've done the job, but that experience brings me here today. They kept changing the rules as it went on, and the concept was fine, but then, when you get to the regulations and you look at the small print, first of all we're going to take it all out; the next thing was, well, you can enclose it; then you can't enclose. The next thing I find out, I have 800 classrooms, and someone has to go in and take a piece of plaster out of every wall in every classroom, to find out if there was asbestos in any of the plaster when these schools were put up, 50 years ago, say. So that is the type of regulation that I'm afraid of, that we have to be very careful before this legislation is passed.

The expense of asbestos in my community, for example, was very large. I don't expect it to be as large for lead, but it still could be substantial, because I'm not sure what the final regulations of this bill are going to say. I know that I spent $5 million on asbestos abatement, 10 percent of my budget. I have a $50 million annual budget, and I spent $5 million on asbestos inspecting and abatement of asbestos. I spend a million dollars on textbooks and school

supplies a year, a million dollars, and in 5 years I spent $5 million on asbestos, so I spent as much on asbestos as I spent on textbooks and teaching supplies.

The instant legislation here is again asking school administrators to become engineers, environmental scientists, industrial hygienists, and risk managers. We don't feel we're qualified to do that, and we think that there are better ways, and we have some recommendations to make.

Because I know Congressman Waxman had mentioned that he was concerned that we wouldn't follow through, I want to say that school administrators across this country do follow through. In my own community, the Safe Drinking Water Act passed, I had every fountain tested in my school system. I installed a flushing system, automatically at 6 a.m. in the morning to flush out the water in every one of my schools. I removed 29 water fountains. We received the regulations. Those push-button, pedal-button water fountains—some of them contained lead parts.

So we were prudent in doing that, but now I'm afraid, with this legislation, we don't know how far it's going to go, and once the regulators start working on it there may be some other regulations here that will be very costly to us.

Also, in my community, I'd like to say that my health department does a blood test for every child age 3 to 6, in all the day-care centers, public and private, in my preschool program, my kindergarten program. They've been doing it, and I look at the statistics, and I find that the problem is not in the schools; the problem is in the homes. Many of these buildings are built 70, 80, 90 years ago. The children spend only a tiny fraction of their life from birth to age 6 in the schools. They're not even with me 185 days a year, and when they are with me they're with me for maybe 3 hours a day. By the time I get to them, at about age 4, they've already been in an environment and I haven't seen them.

When they do the blood samples and they test these 4-year-olds and they find that there is exposure, well, it didn't come from the schools, because I didn't have them in the schools. But I'm not saying we shouldn't be prudent, and in my community we have.

We also have to think of our employees, our staff, our teachers. A pregnant teacher who drinks the water, the coffee in the morning—you have to make sure that the water is lead-free. That's at the prime time of health hazard for a pregnant teacher.

So the recommendations from my association would be as follows. First, I think we should assess all risks for children, and we recommend that every school facility serving children age 6 and under prior to 1980 be inspected, but we think it should be done by the State, and the State EPA agencies should have the responsibility, and the Congress should make grants to the State, and the State, with their expertise, can do it in a standardized way across the State.

Many school districts in my State—what do you do when you have a school district with 149 children. In Montana there are 200-some districts that have 149 or less students. They don't have the resources that a community my size would have. The superintendent's driving the bus in the morning, sometimes, in addition to being the superintendent, and you ask that person to become the

risk manager on lead or asbestos? It's just not fair. You want the best people coming with the data and the best people making the decisions.

Our next recommendation would be that we recommend that any lead hazard discovered be fully communicated to the parents and the employees. I understand that in this legislation there is some wording that we wouldn't have to do that. Well, I think that that's wrong. I think that we should notify the parents immediately, because the legislation, I understand, says you could be abating the hazard before notification, not to worry people. If I did that in my community, they'd hang me. They want to know as soon as I know.

The next thing is that the inspections themselves have to be done where it is most needed, and that's in your older, urban areas, especially where the buildings are old. That's where the children live that are affected. That's what the statistics say. So the State, then, would set up priorities, and the legislation could set up priorities, to work first in the older, inner cities or rural areas, where the buildings by nature—where the data shows that they would be susceptible.

Then you rank by age, with the little ones first, because up through age 6, that's the time—that's what my health people tell me—that's when they're at most risk. I'm not worried about my middle school or high school students; I assure you they don't eat paint or dirt. They do other things I don't like, but for my older students in the elementary schools and in the high schools that's not a problem. If I can assure the water supply is safe and they can—it's for the little ones that we're worried about, so they should come first.

Then, of course, what it comes down to: the cost. Well, again, I heard one of the congressmen mentioning an underfunded or unfunded mandate. It is a big problem. In my community, I've tested for asbestos, lead, radon, chromium. I have all kinds of testing going on. When you add it all up, coming out of my tax dollar for schools, less and less for instruction, more and more for all of the other types of problems. It is a problem. Funding is a problem all over.

So we suggest that the legislation be altered so that the cost of each and every abatement action is shared by the Federal Government, the State government, and the local schools. To avoid reneging on the cost—because I heard that coming through in earlier testimony here today—of abatement, we suggest that the Federal share be made an entitlement that cannot be spent until matched by the State and local funds, like the highway funds.

We think the $30 million authorization must be increased to a realistic level, and we'd like to say that the Federal Government should pay the whole cost, but we know that that's very unlikely.

I was down here on April 9, and I testified before Chairman Rose's committee on the infrastructure bill, and I expressed the sentiments of school administrators nationwide, the terrible problems we have with school facilities. This is an example—when a congressman says maintenance, peeling paint—we have all kinds of problems in the schools. We need help.

That bill, by the way—this is a plug for that bill—the infrastructure bill would be a great help to school districts across the coun-

try. It would create jobs, and at the same time it would really help us to provide better facilities for the children.

Then, finally, we know it's a tough issue, and it can be oversimplified by dividing people into those that want to protect children and those who don't. The question ought to be, "How can we get the most protection for the children and the employees from lead poisoning? How can we do it?" We're suggesting that the best protection at the lowest cost can come by relying on trained professionals at the State level in the environmental field and beginning the work in schools where the risks are the greatest.

Give the grants to the State, administer it uniformly across the States, let the environmental people at the State level set the priorities, and then that will be fair. As school administrators, I can assure you, we'll cooperative, but, again, we don't want to be put in the position of crawling in and out of the ceilings and playing environmental scientist, like we did with asbestos. We think there's a better way to do it, and I hope we've learned something from the asbestos situation. I think $15 billion was spent, and I'm not sure it was spent wisely.

I'd be happy to answer any questions from the committee.

[The prepared statement of James Murphy follows:]

James H. Murphy

Chairman Kildee and members of the subcommittee I am James Murphy, Superintendent of schools in Bayonne, New Jersey, representing the American Association of School administrators, AASA. We are pleased to have the opportunity to testify on HR 5730 The Lead Exposure Act of 1992. I chair the AASA Committee on Federal Policy and Legislation which has advised AASA to support protection of children's health and safety. But we have advised opposition to putting the school district staff in the position of risk assessment, risk management and risk communication. And, because at least 38 states are cutting education budgets we oppose an unfunded mandate.

It is very important that the nation get on with reduction of exposure to children as quickly as possible. The fact that lead exposure is "very common and very preventable," as the Energy and Commerce Committee report notes is the best reason for acting quickly. Decades of inquiry have made lead poisoning one of the most understood health problems. Which is another good reason for acting quickly to remove the danger to children from lead in their environment.

HR 5730, the Lead Exposure Reduction Act of 1992, has a noble aim, and will certainly further reduce exposure to lead. However, in its attempts to protect children at public schools HR 5730 relies on a failed strategy that will take too long, cost more than necessary and result in less protection than desired.

The failed strategy places the responsibility for risk assessment, management and communication on educators who are not prepared to make the needed judgements rather than professionals who are prepared.

Recent history with asbestos, where risk was incorrectly assessed in many cases and unneeded or unwise abatement steps were taken, should guide the committee. In the Asbestos Hazard Emergency Response Act, AHERA, Congress asked school districts to hire inspectors, make risk assessments based on inspections, undertake abatement and manage risks over the long term. The result was by every account: inadequate inspections, inadequate risk assessment, and incorrect abatement measures because risk had not been properly assessed. As the July 31, 1992 letter from EPA to Chairman Dingell, of the Energy and Commerce Committee, noted, "We do not want to repeat the early experience of the asbestos-in-schools program where some schools removed all asbestos from their facilities regardless of its condition, at great expense, while potentially increasing exposure of children targeted for protection."

Not all school districts made mistakes, but every observer, including the EPA noted that removal was often used when another less drastic and costly measure would have better protected children. Problems from lead exposure are so much more certain than danger from exposure to asbestos that we should not take chances with children's futures.

The expense of asbestos was large. In Bayonne we spent $5 million inspecting and abating asbestos, that is 10 per cent of our $50 million dollar annual operating budget. Before spending that much again we should take every possible step to insure that the very best work is done as quickly as possible. It would be much faster and cheaper to rely on trained professionals rather than buying more training for me and my staff.

Once again asking school administrators to become engineers, environmental scientists, industrial hygienists and risk managers is a costly time consuming mistake that will leave children at risk unnecessarily. Especially when there are competent professionals in every state and there are clear plans in HR 5730 to develop a cadre of competent inspectors and contractors.

Some steps have already been taken that may save time and effort. For example, many school districts have already tested water supplies and taken steps to remove faulty fountains and insure lead free drinking water. The Safe Drinking Water Act has worked, states have tested or are testing water fountains and water supplies. In Bayonne for example, automatic flushing devices were installed to assure a lead free water supply at the start of each school day. Additionally, twenty nine water fountains which contained lead parts were disconnected.

In cooperation with the Bayonne City Board of Health, all children ages 3 to 6 enrolled in both private and public day care, pre kindergarten and kindergarten are tested for lead exposure through a blood sample. Many of these children live in very old apartment buildings that have both lead piping and peeling lead paint. The children spend only a tiny fraction of their life from birth to age six in school buildings. In my community the dominate potential exposure source is in the home not the school. To compliment our action on lead exposure from water, the schools which average eighty years old have taken precautions to assure that all instructional areas are painted (with non lead based paint) on a regular basis to prevent peeling paint.

AASA recommends an alternative approach for HR 5730 that would address the need to protect children from exposure to lead, because the hazards, unlike asbestos, are very clear and well understood.

RECOMMENDATIONS:

First, to seek the best assessment of the risks to children, AASA recommends that Section 422 of the act authorize EPA to make grants to states to inspect every school facility serving children six and under built prior to 1980 for hazards, and assess the risks to children and school employees. The obligation of school districts would be to work with the state

EPA to arrange inspections, consult on risk assessments, and facilitate communications to parents and school employees.

Every state has a departments of environmental protection and health staffed by trained professionals. If Congress made funds available to states to make inspections and risk assessments parents and educators could be assured that sound data were supporting solid assessments of the risks to children and school employees.

In contrast to the trained staff at the state environmental protection and health agencies stand school administrators who are untrained in environmental problems and whose school districts frequently lack the capacity to tackle environmental problems. Of the 15,385 school districts, 8,260 or 53.78 percent enroll fewer than 999 students. Such small school districts have no central office staff and usually are administered by a superintendent and one principal, who frequently have other duties such as teaching, bus driving and business manager. Small school districts have very little capacity to implement a law that requires finding and hiring inspectors, judging the adequacy of inspections, assessing risk based on findings, and planning abatement.

Some states such as Montana where 338 of 536 school districts have enrollments under 149, and Nebraska where 512 of 812 school districts have enrollments under 149, may have particular

problems complying with HR 5730 as now constituted. In Michigan, Mr. Chairman, 177 of 561 school districts have enrollments of 999 or less putting them in the category of likely to have difficulty.

On the other hand, the data from CDC point to the biggest problems in inner cities (but maybe only because that is where the universities doing the research were located). Twenty one school districts or 0.1 per cent of all school districts enroll 100,000 or more students. Another 169 school districts enroll from 25,000 to 99,999 students. These 190 school districts, which contain the bulk of what Center for Disease Control has defined as the problem, probably have the capacity to find inspectors, judge the adequacy of inspections, and hire risk assessment specialists. But, these school systems also have the largest set of non school related problems to deal with, the oldest school facilities and the least fiscal capacity to take on new unfunded mandates.

Rather than relying on unprepared local school superintendents, HR 5730 should rely on trained professionals in state health departments and EPAs who will make better decisions and fewer costly mistakes. Thus, greater protection at a lower cost.

Second, to avoid the atmosphere of hysteria that surrounded announcements of asbestos in schools, AASA recommends that Section 422 (2) regarding notification be of risks to parents

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and school employees be changed to have such notification done by state EPA and health officials or their designees. That way trained professionals who know the nature of hazard caused by exposure to lead and understand who is most at risk and why can explain the problems and assessment of risk to parents and employees.

School administrators cannot answer technical questions about hazards and risks which may add to fears and concerns. Why not provide the best possible information for the public, parents and school employees by answering all of their questions openly and completely?

Third, AASA recommends that any lead hazard discovered be fully communicated to parents and school employees. The cynical language of HR 5730 that would allow schools to begin abatement without announcing a hazard to parents and employees is simply wrong and an abrogation of our duty to children and parents. The provisions regarding notification seem to be tacit admission by advocates of this legislation that they overstepped the bounds of good sense whipping up parents about asbestos so risks and abatement alternatives could not be reasonably discussed.

The logic found in section 422 (3) regarding notification is a good example of why citizens lose faith in government.

Fourth, AASA recommends that Section 422 (1) regarding inspections be altered to say that..."inspections by the states begin where the risk is judged to be greatest." Data from the Center for Disease Control and the Environmental Defense Fund point toward children under six living in old inner cities as having the greatest need. The data on lead exposure show a disturbing trend along income and racial lines, where poor children especially black youngsters are most at risk. The initial focus in every state must be on those most at risk.

Fifth, AASA recommends Section 422 (1) have an added criteria that schools be ranked by age of children served. For example schools that serve exclusively children in preschool would have the highest priority for inspection, followed by elementary schools that serve exclusively the primary grades and kindergarten. We agree with HR 5730 that outside of water supplies, older students in middle school and high school are at little risk because they do not generally eat paint or dirt.

An AASA survey of school facilities in 1991 and found that eleven per cent of schools were built in the 1980's. According to the latest Department of Education data there are 84,538 public school sites, 53.7 per cent or 45,397, serve pre-schoolers, kindergarteners and first graders. If eleven per cent of those facilities were built in the 1980s that would leave the areas where children under six are served in 40,403 schools to be inspected.

Although inspection some areas in 40,403 schools sounds like a tall order, looking at the experience of Maine in asbestos abatement will be instructive. Rather than dump the responsibility for inspections and risk assessment on untrained school administrators the Maine EPA planned and conducted all inspections, made and reported all risk assessments, and planned all abatement. School administrators did not have to spend a year trying to find inspectors and contractors and wondering what to do and Maine had its asbestos plans and inspections done in a most timely and professional manner.

Sixth, AASA recommends keeping the current provisions of the Safe Drinking Water Act regarding inspections. HR 5730 changes the responsibility for inspections to the local school districts and from state EPAs or health departments. Once again we ask why would Congress want amateurs to oversee inspections and risk assessments, rather than professionals. School districts are now acting to abate problems as they occur in inspections. If Congress wants the states to be more vigorous in inspections they should make that clear to the responsible agencies in the states.

Finally, AASA recommends that Section 422 (d) Financial Assistance be altered so that the cost of each and every abatement action is shared by federal government, state government and local schools. To avoid reneging on the cost of abatement we suggest that the federal share be made an

entitlement that cannot be spent until matched by state and local funds, like the highway funds. The $30 million authorization must be increased to a realistic level and put in entitlement language. Although we have suggested cost sharing AASA would really like the federal government to pay for the entire cost of abatement, but we know that is very unlikely.

AASA also recommends that Congress identify a source of funding and consistent with capped entitlements, estimate need as accurately as possible. As Mr. Miller of this committee said during the budget debate a year ago, the federal government really should run on a pay as you go basis.

The letter to the Energy and Commerce Committee from the Congressional Budget Office sums up the case against the current funding approach. "While HR 5730 would not require state and local governments to abate any lead hazards they identify, the bill would require them to notify teachers and parents of children in the affected facilities. As a result, in many cases, states and localities will incur costs for remedial action."

The cynicism is palpable in that statement. Congress can say it was not its intent to cause needless expense that abatement is a local decision. But we all know that little understood reports create massive concern and force local spending on dramatic, but

ill considered action. This a repeat of the asbestos in schools error.

We already have disadvantaged poor children through a school finance system that provides quality for those in neighborhoods with tax bases and diminished opportunity for those who live in low tax wealth areas. Across the board mandates for action or mandates such as abating lead exposure hit the most pressed school districts with a double whammy. This committee should be considering how to push the state legislatures toward equity, not exacerbating the current differences.

If inspection and assessment begins with the greatest risks and works toward low risks the cost can be spread out over several years making it less of a shock to strapped federal, state and local budgets. This avoids the immediate short term shock like the billions spent on asbestos. That sort of short term spending which drives prices for services up is not possible for government at any level while this recession continues to depress government revenues.

Beginning with the greatest risks will avoid a shot gun start where the lowest risks have the same priority for inspection as the highest risks. In an era of scarce resources we should begin where the problems are most acute and work toward the lowest risks as fast as funding will allow.

SUMMARY:

This is a tough issue, that can be over simplified by dividing people into those who want to protect children and those who do not. The question ought to be, how can we get the most protection for children and school employees from lead poisoning? AASA is suggesting that the best protection at the lowest cost can come by relying on trained professionals in the environmental field and beginning work with school where the risks are greatest.

Thank you for the opportunity to testify on this most important issues. AASA stands ready to work with you and others to craft a bill that will protect children.

Chairman KILDEE. I thank you, Mr. Murphy. We'll complete the panel first.

Our next witness is Mr. Vaughn Barber.

Mr. BARBER. I'm Mr. Vaughn Barber, an assistant attorney with the Chicago Board of Education, and I am testifying today on behalf of the Council of Great City Schools, which is a national organization representing the interests of the Nation's largest 45 school systems.

Chicago was appalled by the recent reports of the Centers for Disease Control which said that two thirds of children which pass through the public health clinics in Chicago have elevated levels of lead in their bloodstream. We realize that lead poisoning of children is a serious problem in Chicago and in most of the Nation's big schools.

The motto of Chicago public schools has always been "Our children, our future," yet this has become a dream deferred in the Nation's cities, due to the problems that seem to defy our local solutions. It is difficult to get the lead out when one is besieged by poverty, by unemployment, by increasing numbers of single parents without employment skills, and by an untenable future financial forecast.

In Chicago, we have approximately 630 physical plants. Over 50 percent of those plants were built prior to 1941. Only 11 of those plants were built after 1981, which is kind of the cut-off point in this particular bill. To rehabilitate and to renovate these schools which are most in need would conservatively cost us approximately $1.1 billion. Our March 1990 capital development plan identifies over a billion dollars in facility needs, but, due to the financial constraints, the board of education has been able to fund only about $380 million, leaving a gap of nearly $700 million.

For 1994, beginning in September 1993, the Chicago schools face an additional $300 million shortfall for operating needs. Our total capital and operational shortfall is therefore approximately $1 billion.

Childhood lead poisoning, therefore, is one of a variety of social problems which complicate the main function of the city of Chicago school system, which is the education of our children. Within that function, we must address two main questions in relation to lead poisoning. Are schools a serious contributor to the problem? And, if they are, how can schools help in the solution?

The scope of the legislation which you have before you today may begin to have a positive effect on the lead problem. However, when I reviewed the provisions of the bill, I found that it raised nearly as many questions for me as it provided answers or potential solutions. At this stage, maybe the solutions don't exist. Maybe they're forthcoming.

In Chicago, we have reviewed this legislation from a perspective of a school system which has been trying to come to terms with the practical aspects of the lead problem in an aging infrastructure. In this regard, I think that we are not atypical of many of the school systems in the country, not just the big city schools systems. Therefore, I would like to briefly discuss some of the major provisions of the bill and some of its likely implications, and then talk a little

bit about a few of the recommendations that we might make for the bill.

Let's address certification first, licensure requirements and standards. We calculated, in going through the bill, that there are at least 11 sets of certifications, licensures, requirements, criteria, procedures, or standards—we'll just call them all "standards" at this particular point—which are to be established by the EPA and other Federal agencies within 18 to 30 months from now. These standards, which are yet to be developed, make analysis of the impact of the legislation from a child health or institutional cost standpoint extremely difficult and unreliable. We don't know what these standards are going to be, so we have no idea—we can't really project costs, because we don't know what the standards are going to be.

In terms of certification and training, we feel that we are proceeding properly. In Chicago, we have a lead paint abatement program which is operated under the HUD guidelines. There are no guidelines at this particular point, but we're proceeding along that line. Our staff is certified by the Illinois department of public health. Our painters have completed EPA-approved training classes. When removal is performed, daily monitoring occurs with dust-wipe samples. We use HUD-certified laboratories to verify the results of our inspection.

However, under the pending legislation, we are unsure of how many more of our facility staff will have to undergo certified training or how extensive and expensive that training might be. Additionally, we are concerned that some of our regular maintenance and repair activities will be classified merely as renovation under this section, therefore triggering licensing and training requirements as lead abatement personnel.

The implications for added cost to school districts are very apparent and appalling but are impossible to estimate with any precision, due to so many undefined terms and yet-to-be-developed standards.

Standards for inspection and testing have not been established. Therefore, estimates between $500 to $3,600 for inspection and testing may be too low. We've heard discussion here today relative to costs being around $500, but even in the legislation itself it talks about estimates being as much as $3,600 for just inspection alone, especially when we deal with the water inspection and everything included.

We have questions about requiring rather sophisticated inspection and testing. Even in much of the testimony today, we talked about visual inspection or certain areas that we can see would be a hazard. Visual inspections, walk-through in a school, and a review of the facility maintenance records—the logs that we have—tell us the dimensions of the lead paint problems. We know, we're able to see, we're able to determine those things without going through much sophisticated type of inspection.

And then the notification in the bill, in lieu of abatement: In the absence of significant abatement funds, which is given in these financial times, notification is our only recourse. But what happens with notification? We are very concerned that such a federally required notification will raise significant community fears.

In reviewing volumes of testimony that have gone on in relation to lead paint, on this subject, we have found no statement to indicate that schools are a primary contributor to lead paint poisoning—lead poisoning. Quite the contrary. If you will take a look at the written document that I have presented here, the letter which is included from the Disease Control, lead poisoning prevention branch, it indicates just the opposite.

From a practical perspective, the notice requirement will likely generate substantial pressure to undertake immediate abatement activities. There is no way that a parent is going to say, "My child is in a situation in which there is the hazard of lead paint" and say, "Well, I have notification of it. So what? What do I do now?" That child's parents are going to say, "Yes, what do you do about it? And I want something done right now." So all we're doing is, we're raising a significant community fear about what's going to take place in that community, in that school.

From a practical perspective, the notice requirement will likely generate substantial pressure to undertake immediate abatement activities. The financial consequences could be staggering and would obviously be drawn from operational education funds, the funds I just mentioned we don't have, to the detriment of instruction.

Finally, the notification requirement may contribute to a growing climate of school district liability. The bill requires a series of abatement standards while purporting not to require abatement activities. The pressures and potential liabilities resulting from notification requirement may constructively require significant and costly abatement.

Chicago has been proactive in lead paint removal. We are one of the first school districts in the Nation to embark on removal abatement or encapsulation. Chicago has found that abatement can cost up to—or, most recently, we had one situation which I was working on just prior to coming to this hearing in which lead paint was found in the building, and started the abatement process as of June of this year, so that the opening of school could take place in a timely fashion—just yesterday—and it cost us approximately $400,000, just for the work that we completed, and we're about two-thirds complete there. Four hundred thousand dollars would purchase us approximately 10 reading teachers.

Everyone wants to get the lead out. The proposed legislation is a good start in part. However, we are concerned that it may also be a false start in other parts, due to the variety of unanswered questions. Without knowledge of the specific risk standards, the training requirements, inspection standards and procedures, abatement standards and procedures to be established by the Federal Government under this legislation, a school system is hard-pressed to develop an appropriate program which will control lead exposure. There are just too many unknown variables.

Likewise, I would think that the United States Congress similarly would feel uncertain and constrained to implement a nationwide lead reduction strategy based upon a yet-to-be-developed set of standards, requirements, criteria, guidelines, and procedures. We are concerned that what may sound like practical, common-sense

solutions to lead problems may fall victim to inflexible protocols and procedures which are more easily monitored and enforced.

We would like for this committee to have the opportunity to fully consider the various work products of EPA and others before establishing a national framework of federally required actions. We, among others considering children first, want to see something done, but we don't want to see it done until we have everything known, until we know what the expectations will be.

My final comments relate to the procedures. I would offer the following limited recommendations as to what possibly could be done within the framework: proceed with the development of standards and procedures, as has been suggested here, but revisit the legislation to design a targeted national implementation strategy for the contributors to childhood lead poisoning. Once those standards have been established, or even in final draft stage, then proceed with whatever comes out of that particular avenue.

Add school districts to the list of eligible entities for training grants. Expand the training grant provision during the interim, while standards are being established, to provide state-of-the-art information and training to day-care and to various categories of school personnel on risks to children, problem identification, generally accepted techniques for managing children and facilities.

Once standards are established and the national implementation strategies enacted, correlate the Federal moneys with the mandate. This would create a financial partnership between the Federal, State, and local governments to effectively address the lead problem.

On just a more personal note, Superintendent Kimbrough, Chicago public schools, and the board president, Florence Cox, have asked that I express sincere appreciation to you, Mr. Chairman, and to Congressman Goodling and to my own congressman, Charles Hayes, and to other members of the committee, for the many years of responsiveness to the complex and often unique problems that we have in Chicago. We truly appreciate what you've done.

Thank you, Mr. Chairman.

[The prepared statement of Vaughn Barber follows:]

TESTIMONY OF VAUGHN BARBER
OF THE CHICAGO BOARD OF EDUCATION
ON BEHALF OF THE COUNCIL OF THE GREAT CITY SCHOOLS
ON H.R. 5730

I AM VAUGHN BARBER, ASSISTANT ATTORNEY WITH THE LAW DEPARTMENT OF THE CHICAGO BOARD OF EDUCATION. I AM TESTIFYING TODAY ON BEHALF OF THE COUNCIL OF THE GREAT CITY SCHOOLS, WHICH IS THE NATIONAL ORGANIZATION WHICH REPRESENTS THE INTERESTS OF THE NATION'S LARGEST FORTY-FIVE CITY SCHOOL SYSTEMS.

THE CENTERS FOR DISEASE CONTROL TELL US THAT TWO-THIRDS OF THE CHILDREN WHICH PASS THROUGH PUBLIC HEALTH CLINICS IN CHICAGO HAVE ELEVATED LEVELS OF LEAD IN THEIR BLOODSTREAM. LEAD POISONING OF CHILDREN IS A SERIOUS PROBLEM IN CHICAGO AND IN MOST OF THE NATION'S BIG CITIES. THIS PROBLEM IS OVERWHELMING CONCENTRATED IN POOR AND MINORITY COMMUNITIES, WHOSE CHILDREN ARE THE PRIMARY CHARGE OF THE GREAT CITY SCHOOLS.

THE MOTTO OF THE CHICAGO PUBLIC SCHOOL SYSTEM IS "OUR CHILDREN ...OUR FUTURE." YET THIS HAS BECOME A DREAM DEFERRED IN THE NATION'S CITIES DUE TO PROBLEMS THAT SEEM TO DEFY LOCAL SOLUTIONS. IT IS DIFFICULT TO GET THE LEAD OUT, WHEN ONE IS BESIEGED BY:

- WIDESPREAD POVERTY
- EXODUS OF THE MIDDLE CLASS AND THE RESULTING TAX BASE
- DECAYING MUNICIPAL INFRASTRUCTURE
- INCREASING NUMBERS OF WELFARE PARTICIPANTS
- CLOSING MANUFACTURING PLANTS
- INCREASING JOBLESSNESS AND UNDEREMPLOYMENT
- INCREASING NUMBERS OF SINGLE PARENTS WITHOUT EMPLOYABLE SKILLS
- AN UNTENABLE FUTURE FINANCIAL FORECAST, AND
- YEARS OF DEFERRED MAINTENANCE AND RENOVATION OF SCHOOL FACILITIES

IN CHICAGO, WE OPERATE AND MAINTAIN 630 PHYSICAL PLANTS. OVER 50 PERCENT WERE BUILT PRIOR TO 1941. 83 WERE BUILT BEFORE THE TURN OF THE CENTURY. ONLY 11 WERE BUILT AFTER 1981. TO REHABILITATE AND RENOVATE THE SCHOOLS WHICH ARE MOST IN NEED, CONSERVATIVELY WOULD COST $1.1 BILLION. THIS DOES NOT INCLUDE THE SPECIFIC COSTS OF LEAD REDUCTION.

OUR MARCH 1990 CAPITAL DEVELOPMENT PLAN IDENTIFIES OVER $1 BILLION IN FACILITY NEEDS INCLUDING $282 MILLION TO REMEDY SEVERE OVERCROWDING IN 65 SCHOOLS, $ 613 MILLION TO REHABILITATE EXISTING SCHOOLS, AND $101 MILLION TO REPLACE OBSOLETE SCHOOLS. DUE TO FINANCIAL CONSTRAINTS THE BOARD OF EDUCATION WAS ABLE TO FUND ONLY $386 MILLION, LEAVING A GAP OF NEARLY $700 MILLION.

FURTHERMORE, FOR FY94 BEGINNING IN SEPTEMBER OF 1993, THE CHICAGO SCHOOLS FACE AN ADDITIONAL $300 MILLION SHORTFALL FOR OPERATING NEEDS. THE TOTAL CAPITAL AND OPERATING SHORTFALL, THEREFORE, IS $1 BILLION. THERE IS NO LIGHT AT THE END OF THE TUNNEL, WHICH DOESN'T TRAVEL THROUGH A MOUNTAIN OF DEBT.

WE SERVE 410,000 PUPILS IN A CITY OF 3 MILLION RESIDENTS. COMPARATIVELY THE STATE OF ARKANSAS WHICH RECENTLY HAS BEEN IN THE NEWS, SERVES 435,000 PUPILS AMONG 2.4 MILLION RESIDENTS. THE CITY OF CHICAGO, A SEPARATE LEGAL AND TAXING ENTITY, AND THE CHICAGO BOARD OF EDUCATION HAVE A COMBINED BUDGET OF OVER $5.5 BILLION, COMPARED TO THE ARKANSAS STATE BUDGET OF $4.2 BILLION. ONE COULD APPROPRIATELY VIEW CHICAGO AS A STATE UNTO ITSELF.

CHILDHOOD LEAD POISONING, THEREFORE, IS ONE OF A VARIETY OF SOCIETAL PROBLEMS THAT COMPLICATE THE MAIN FUNCTION OF CITY SCHOOL SYSTEMS -- WHICH IS THE EDUCATION OF OUR CHILDREN. WITHIN THAT FUNCTION, WE MUST ADDRESS TWO MAIN QUESTIONS IN RELATION TO LEAD POISONING:

1. ARE SCHOOLS A SERIOUS CONTRIBUTOR TO THE PROBLEM? AND
2. HOW CAN SCHOOLS HELP IN THE SOLUTION?

THE SCOPE OF THE LEGISLATION WHICH YOU HAVE BEFORE YOU TODAY MAY BEGIN TO HAVE A POSITIVE EFFECT ON THE LEAD PROBLEM. HOWEVER, IN REVIEWING THE PROVISIONS OF THE BILL, I FOUND THAT IT RAISED NEARLY AS MANY QUESTION FOR ME, AS IT PROVIDED ANSWERS OR POTENTIAL SOLUTIONS. IT MAY BE INHERENT IN THE LIMITED STATE OF THE ART AT THIS STAGE THAT FINITE ANSWERS AND SOLUTIONS DO NOT EXIST.

IN CHICAGO WE HAVE REVIEWED THIS LEGISLATION FROM A PERSPECTIVE OF A SCHOOL SYSTEM WHICH HAS BEEN TRYING TO COME TO TERMS WITH THE PRACTICAL ASPECTS OF THE LEAD PROBLEM IN AN AGING INFRASTRUCTURE. IN THIS REGARD I THINK THAT WE ARE NOT ATYPICAL OF MANY OF THE SCHOOL SYSTEMS IN THE COUNTRY, NOT JUST THE BIG CITY SCHOOL SYSTEMS. THEREFORE, I WOULD LIKE TO BRIEFLY DISCUSS SOME OF THE MAJOR PROVISIONS OF THE BILL AND SOME OF ITS LIKELY IMPLICATIONS.

CERTIFICATIONS, LICENSURE, AND TRAINING REQUIREMENTS

I CALCULATE AT LEAST 11 SETS OF CERTIFICATIONS, LICENSURES, REQUIREMENTS, CRITERIA, PROCEDURES OR STANDARDS (WHICH HEREAFTER WILL BE REFERRED TO GENERICALLY AS "STANDARDS") WHICH ARE TO BE ESTABLISHED BY THE EPA AND OTHER FEDERAL AGENCIES WITHIN AN 18 TO 30 MONTH PERIOD. THESE STANDARDS, WHICH ARE YET-TO-BE-DEVELOPED, MAKE ANALYSIS OF THE IMPACT OF THIS LEGISLATION FROM A CHILD HEALTH OR INSTITUTIONAL COST STANDPOINT EXTREMELY DIFFICULT AND UNRELIABLE.

IN TERMS OF CERTIFICATIONS AND TRAINING, WE FEEL THAT WE ARE PROCEEDING PROPERLY IN CHICAGO. OUR LEAD PAINT ABATEMENT PROGRAM IS OPERATED UNDER HUD GUIDELINES. OUR STAFF IS CERTIFIED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AND OUR PAINTERS HAVE COMPLETED EPA APPROVED TRAINING CLASSES. WHEN REMOVAL IS PERFORMED, DAILY AIR MONITORING OCCURS, AS DO DUST-WIPE SAMPLES. WE USE HUD CERTIFIED LABORATORIES TO VERIFY OUR INSPECTION RESULTS WHERE NECESSARY. ON OCTOBER 12TH OF THIS YEAR, IN COLLABORATION WITH THE CITY OF CHICAGO, WE WILL CONDUCT INSERVICE TRAINING FOR ENGINEER CUSTODIANS FROM ALL SCHOOLS AND FOR THEIR SUPERVISING ENGINEERS.

HOWEVER, UNDER THE PENDING LEGISLATION WE ARE UNSURE OF HOW MANY MORE OF OUR FACILITY STAFF WILL HAVE TO UNDERGO CERTIFIED TRAINING AND HOW EXTENSIVE AND EXPENSIVE THAT TRAINING MIGHT BE. ADDITIONALLY WE ARE CONCERNED THAT SOME OF OUR REGULAR MAINTENANCE AND REPAIR ACTIVITIES WILL BE CLASSIFIED AS RENOVATIONS UNDER SECTION 421(a)(3)(B), THEREBY TRIGGERING LICENSURE AND TRAINING REQUIREMENTS FOR SUCH PERSONNEL. THE IMPLICATIONS FOR ADDED COSTS TO SCHOOL DISTRICTS ARE APPARENT, BUT ARE IMPOSSIBLE TO ESTIMATE WITH ANY PRECISION DUE TO THESE UNDEFINED TERMS AND YET-TO-BE-DEVELOPED STANDARDS.

SCHOOL INSPECTIONS AND TESTING

DURING THE COURSE OF THIS LEGISLATION WE HAVE SEEN COST ESTIMATES FOR INSPECTION AND TESTING RANGE BETWEEN $500 AND $3600. CHICAGO'S FACILITY STAFF CONCUR WITH THESE ESTIMATES, BUT RECOMMEND CAUTION SINCE THE STANDARDS FOR INSPECTION AND TESTING HAVE NOT BEEN ESTABLISHED. THEREFORE, THESE ESTIMATES ARE SHAKY AT BEST.

WE ALSO HAVE QUESTIONS ABOUT THE EFFICACY OF REQUIRING THESE RATHER SOPHISTICATED INSPECTIONS AND TESTING. PRESENTLY OUR STAFF UPON A VISUAL WALK-THROUGH OF A SCHOOL AND A REVIEW OF THE FACILITY MAINTENANCE LOG CAN TELL US THE GENERAL DIMENSIONS OF THE LEAD PAINT PROBLEMS. SOIL MONITORING, HOWEVER, IS AN ENTIRELY NEW AREA FOR MOST SCHOOL SYSTEMS.

GIVEN THE FINANCIAL CONSTRAINTS OF THE CITY SCHOOL SYSTEMS, WE WONDER WHETHER THE $500 TO $3600 PER SCHOOL COSTS FOR INSPECTIONS COULD BE DIRECTED TO MORE PRODUCTIVE CONTROL AND MANAGEMENT ACTIVITIES.

NOTIFICATION IN LIEU OF ABATEMENT

IN THE ABSENCE OF SIGNIFICANT ABATEMENT FUNDS, WHICH IS A GIVEN IN THESE FINANCIAL TIMES, NOTIFICATION TO PARENTS AND EMPLOYEES BECOMES THE PRIMARY COMPLIANCE ALTERNATIVE IN THE LEGISLATION'S REGULATORY SCHEME. WE ARE VERY CONCERNED THAT SUCH A FEDERALLY-REQUIRED NOTIFICATION ON THIS HIGH PROFILE ISSUE WILL RAISE SIGNIFICANT COMMUNITY FEARS.

WE QUESTION WHETHER THE NOTICE REQUIREMENT AND THE EXPECTED COMMUNITY REACTION IS WARRANTED? IN REVIEWING VOLUMES OF TESTIMONY ON THIS SUBJECT, WE HAVE FOUND NO STATEMENT TO INDICATE THAT SCHOOLS ARE A PRIMARY CONTRIBUTOR TO LEAD POISONING. QUITE TO THE CONTRARY, THE ATTACHED LETTER FROM THE CENTERS FOR DISEASE CONTROL, LEAD POISONING PREVENTION BRANCH, INDICATES THE OPPOSITE MAY BE TRUE AND CITES THEIR REASONING. (SEE ATTACHMENT)

FROM A PRACTICAL PERSPECTIVE THE NOTICE REQUIREMENT WILL LIKELY GENERATE SUBSTANTIAL PRESSURE TO UNDERTAKE IMMEDIATE ABATEMENT ACTIVITIES. THE FINANCIAL CONSEQUENCES COULD BE STAGGERING AND OBVIOUSLY WOULD BE DRAWN FROM OPERATIONAL EDUCATION FUNDS TO THE

DETRIMENT OF INSTRUCTION.

FINALLY, THE NOTIFICATION REQUIREMENT MAY CONTRIBUTE TO A GROWING CLIMATE OF SCHOOL DISTRICT LIABILITY. WE ARE ALREADY SEEING EXAMPLES OF LIABILITY BEING FOUND IN THE ABSENCE OF EXPRESS STATUTORY OR REGULATORY PROVISIONS. WHILE THE LEGAL THEORY MAY NOT BE STRONG, THE LOCAL REALITY IS BEGINNING TO COST SIGNIFICANT MONEY.

ABATEMENT

THE BILL REQUIRES THE DEVELOPMENT OF A SERIES OF ABATEMENT STANDARDS, WHILE PROPORTING NOT TO REQUIRE ACTUAL ABATEMENT ACTIVITIES. THE CONGRESSIONAL BUDGET IN THE ENERGY AND COMMERCE COMMITTEE REPORT RECOGNIZES THIS LEGISLATIVE ILLUSION BY CITING THE LIKELIHOOD OF STATE AND LOCAL GOVERNMENTS INCURRING ABATEMENT COSTS AS A RESULT OF THIS BILL. THE COMBINATION OF PRESSURES AND POTENTIAL LIABILITIES RESULTING FROM THE NOTIFICATION REQUIREMENT MAY CONSTRUCTIVELY REQUIRE SIGNIFICANT AND COSTLY ABATEMENT.

CHICAGO HAS BEEN PROACTIVE IN LEAD PAINT REMOVAL. WE WERE ONE OF THE FIRST SCHOOL DISTRICTS IN THE NATION TO EMBARK ON REMOVAL, ABATEMENT OR ENCAPSULATION. WE HAVE A NUMBER OF SCHOOLS IN THE OPERATIONAL PHASE TO DATE, AND ARE PREPARING TO ENTER OTHERS. WE ARE HOPEFUL THAT THESE PROACTIVE ACTIVITIES WILL MEET THE ULTIMATE EPA STANDARDS, SO THAT WE WILL NOT HAVE TO REABATE THESE SCHOOLS. CHICAGO HAS FOUND THAT ABATEMENT HAS COST AS MUCH AS $400,000 FOR A SINGLE SCHOOL. COMPARATIVELY THAT AMOUNT COULD PURCHASE TEN READING TEACHERS!

EVERONE WANTS TO GET THE LEAD OUT. THE PROPOSED LEGISLATION IS A GOOD START, IN PART. HOWEVER, WE ARE CONCERNED THAT IT ALSO MAY BE A FALSE START, IN OTHER PARTS, DUE TO THE VARIETY OF UNANSWERED QUESTIONS DELEGATED TO THE EPA AND OTHERS.

WITHOUT KNOWLEDGE OF THE SPECIFIC RISK STANDARDS, TRAINING REQUIREMENTS, INSPECTION STANDARDS AND PROCEDURES, ABATEMENT STANDARDS AND PROCEDURES TO BE ESTABLISHED BY THE FEDERAL GOVERNMENT UNDER THIS LEGISLATION, A SCHOOL SYSTEM IS HARD PRESSED TO DEVELOP OR EVEN ESTIMATE THE COSTS OF AN APPROPRIATE PROGRAM WHICH WILL CONTROL LEAD EXPOSURE -- THERE ARE TOO MANY UNKNOWN VARIABLES. LIKEWISE, I WOULD THINK THAT THE UNITED STATES CONGRESS SIMILARLY WOULD FEEL UNCERTAIN AND CONSTRAINED TO IMPLEMENT A NATIONWIDE LEAD REDUCTION STRATEGY BASED UPON YET-TO-BE-DEVELOPED SETS OF STANDARDS, REQUIREMENTS, CRITERIA, GUIDELINES AND PROCEDURES.

WE ARE CONCERNED THAT EVEN THE GOOD FAITH EFFORTS OF THE FEDERAL AGENCIES TO DEVELOP STANDARDS MAY NOT REFLECT THE OPERATIONAL REALITIES OUT IN THE SCHOOLS AND COMMUNITIES. WE ARE FEARFUL THAT PRACTICAL, COMMON-SENSE SOLUTIONS TO LEAD PROBLEMS MAY FALL VICTIM TO INFLEXIBLE PROTOCOLS AND PROCEDURES WHICH ARE MORE EASILY MONITORED AND ENFORCED. THEREFORE, WE WOULD LIKE THIS

COMMITTEE TO HAVE THE OPPORTUNITY TO FULLY CONSIDER THE VARIOUS WORK PRODUCTS OF THE EPA AND OTHER AGENCIES PURSUANT TO THIS LEGISLATION BEFORE ESTABLISHING THE NATIONAL FRAMEWORK OF FEDERALLY-REQUIRED ACTIONS. A MORE INFORMED DECISION SHOULD YIELD A MORE EFFECTIVE NATIONAL POLICY.

WE OFFER THE FOLLOWING LIMITED RECOMMENDATIONS:

1. PROCEED WITH THE DEVELOPMENT OF STANDARDS, PROCEDURES, ETC.
2. REVISIT THE LEGISLATION TO DESIGN A TARGETED NATIONAL IMPLEMENTATION STRATEGY FOR THE CONTRIBUTORS TO CHILDHOOD LEAD POISONING, ONCE THOSE STANDARDS HAVE BEEN ESTABLISHED (OR EVEN AT THE FINAL DRAFT STAGE)
3. ADD SCHOOL DISTRICTS TO THE LIST OF ELIGIBLE ENTITIES FOR TRAINING GRANTS
4. EXPAND THE TRAINING GRANT PROVISION FOR THE INTERIM PERIOD DURING WHICH THE NATIONAL STANDARDS ARE BEING DEVELOPED. THE TRAINING GRANTS WOULD BE USED TO PROVIDE STATE OF THE ART INFORMATION AND TRAINING TO DAY CARE AND TO VARIOUS CATEGORIES OF SCHOOL PERSONNEL ON LEAD RISKS TO CHILDREN, PROBLEM IDENTIFICATION, GENERALLY ACCEPTED TECHNIQUES FOR MANAGING CHILDREN AND FACILITIES, ETC.
5. ONCE STANDARDS ARE ESTABLISHED AND THE NATIONAL IMPLEMENTATION STRATEGY ENACTED, THERE SHOULD BE SOME CORRELATION BETWEEN THE APPROPRIATED FEDERAL MONEY AND THE EXTENT OF THE MANDATES. THIS LEVEL OF FISCAL EFFORT WOULD CREATE A FINANCIAL PARTNERSHIP BETWEEN THE FEDERAL, STATE AND LOCAL GOVERNMENTS TO EFFECTIVELY ADDRESS THE LEAD PROBLEM.

ON A MORE PERSONAL LEVEL, SUPERINTENDENT TED KIMBROUGH AND BOARD PRESIDENT FLORENCE COX WANTED ME TO EXPRESS THEIR SINCERE APPRECIATION TO YOU MR. CHAIRMAN, TO CONG. GOODLING, TO OUR OWN CONG. HAYES AND TO THE OTHER MEMBERS OF THE COMMITTEE FOR YOUR MANY YEARS OF RESPONSIVENESS TO THE COMPLEX AND OFTEN UNIQUE PROBLEMS WHICH CHICAGO HAS LAID AT YOUR DOORSTEP. WE ARE TRULY APPRECIATIVE.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30333

March 19, 1992
(404) 488-4880

Laurie A. Westley
Chief Legislative Counsel
National School Boards Association
1680 Duke Street
Alexandria, VA 22314

Dear Ms. Westley:

Thank you for your letter of March 11 about evaluation of potential lead hazards in schools and day care centers. The following comments reflect my opinion about universal lead testing of schools; they are not comments on H.R. 2840.

As you know, we at the Centers for Disease Control (CDC) emphasize that we must set priorities for identifying and abating those lead hazards that are likely to result in lead exposure in children. We are more concerned about day care centers than schools for several reasons. First, children in day care centers are generally younger than those in schools. Thus, they are more likely to have greater hand-to-mouth activity and they may be more vulnerable to the effects of lead. Secondly, most time at school is spent in structured activities, usually performed while sitting at a desk. Children in day care are more likely to be on the floor and in parts of a room like under windows, where lead hazards are more likely to occur.

The CDC statement, Preventing Lead Poisoning in Young Children, emphasizes identification and case management of children less than 72 months old; particularly, those less than 36 months old because of the fact that these young children are most likely to have high blood lead levels. For these children, schools are not likely to be a major source of exposure, unless the schools are also being used for day care.

If you have further questions, please feel free to contact me.

Sincerely yours,

Sue Binder

Sue Binder, M.D.
Chief
Lead Poisoning Prevention Branch
Division of Environmental Hazards
and Health Effects
National Center for Environmental
Health and Injury Control

Chairman KILDEE. Thank you very much. Thank you for your kind remarks.

Ms. Zielke?

Ms. ZIELKE. Thank you, Mr. Chairman.

I am Arlene Zielke, the National PTA's vice president for legislative activity. On behalf of our nearly 7 million members, I am here to present our views on H.R. 5730, the Lead Exposure Reduction Act.

I'd like to begin by stating why this legislation is needed at this time. This is one of our top legislative priorities, and we are not unknown. In addition to the NEA here today, the National School Boards Association is on board, as is the American Federation of Teachers, the Alliance to End Childhood Lead Poisoning, the National Resources Defense Council, the American Academy of Pediatrics, the Children's Defense Fund, the Urban League, NAACP Legal Defense and Educational Funds, and a number of other health, environmental, and labor organizations.

Even President Bush, EPA Administrator Reilly, the Centers for Disease Control, and the U.S. Department of Health and Human Services are concerned about lead poisoning. In fact, in 1990, they launched a 5-year strategic plan for the elimination of childhood lead poisoning. H.R. 5730 fits well within this plan.

To outline a few facts, lead poisoning is the number one environmental threat facing children in this country. Between three and four million children in America have lead levels high enough to cause decreased intelligence, behavioral disturbances, development delays, and numerous other, long-lasting effects.

Children who are exposed to lead when they were young are seven times more likely to drop out of high school and six times greater odds of having significant reading disabilities than children with normal lead levels. New data on the incidence of lead poisoning show extremely high levels among children, particularly low-income minorities. In some urban communities, two out of three children are lead-poisoned under CDC's new standard.

For example, 67 percent of the children tested in Oakland were lead-poisoned, 32 percent of children tested in Los Angeles, 66 percent of children tested in Chicago's low-income neighborhoods, and an estimated 166,000 lead-poisoned children in six Midwestern States, including Illinois, Ohio, Michigan, Wisconsin, Minnesota, and Indiana.

EPA issued a report on race and pollution which says, "No link was found to document an environmental contribution to the known differences in the rates of disease and death among ethnic groups, except for lead poisoning."

Why is this legislation needed? Eighty-eight percent of public school buildings were built before 1980, and we can presume they have some lead paint. According to the American Association of School Administrators, three fourths of school buildings are inadequate for learning because of the physical state of their facilities, and schools have been deferring needed maintenance because of budget cuts. Children are compelled by law to attend school. We believe it is reasonable, then, for schools to inform parents if buildings or classrooms are unsafe, so parents can decide if they want their children to attend a hazardous school.

In its report on the condition of school buildings, AASA included a disclaimer that environmental mandates should be held to a minimum and, when issued, should be accompanied by the funds necessary to implement them. This bill is a minimal environmental mandate, and because poor maintenance in school buildings is directly linked to the incidence of environmental hazard, this is more reason why we need to test now.

I would have to commend the gentleman from Montana and the history of Chicago, what they're attempting. I live in Chicago, and I'm familiar with their efforts. I'd have to commend those efforts. However, for parents, our appeal is for a Federal mandate, because, for some school districts, allowing voluntary action translates into the status quo. In fact, the voluntary approach to testing was tried for lead in drinking water in schools through the Lead Contamination Control Act, and it did not work.

We cannot afford to wait any longer. Lead poisoning is a silent epidemic that is undetected unless children are screened. Likewise, schools and day-care centers will not know if they are exposing children to a lead problem without testing.

Given these facts, why should there be any opposition to this bill? The main reason opponents cite is cost. School opponents view this bill as an unfunded mandate and say they cannot afford to test, particularly because abatement, even if not required, will be expensive.

Bailus Walker, dean of the University of Oklahoma's school of public health, says educators need to recognize the full dimension of this problem, saying, "There is a very large number of kids who find it difficult to do analytic work, or even line up in a cafeteria, because their brains are laden with lead." He believes it's easy for educators to ignore this issue because, as he says, "We don't see kids falling over and dying of lead poisoning in the classroom."

Secondly, we did a cost analysis and estimate the cost of inspecting for lead paint hazards at an elementary school—might cost about $1,000, and the schools have 4 years to plan for this expense. We have attached that impact statement to our longer statement.

We do not believe this cost, even if it is two or three times greater, spread over 4 years is too burdensome, particularly since testing is cost-effective compared with treating and educating a lead-poisoned child.

More importantly, however, this argument to not test because testing and possible abatement is costly is patently irresponsible. This approach acknowledges that schools may be contributing to the problem of childhood lead poisoning and deliberately condones continued poisoning of children.

Finally, the bill is not without funding. The bill authorizes a total of $240 million over 4 years. Short of making the program an entitlement, there is no way to guarantee funding. However, we believe we have a good chance of securing funds. We fight hard every year to get money for asbestos abatement, and we will do the same for lead.

This is a very mild, right-to-know bill, outlining a one-time testing and notification requirement. There is no mandate for abatement, just provisions for good information. Many schools will not have lead hazards, but they will not know if they have a problem

unless they test. If the school finds lead, the administrator can go to the parents, school staff, and the rest of the school community to discuss how best to address the situation at the local level.

Schools or day-care centers will not be forced to remove all lead-based paint as a result of this bill. There are a number of abatement measures that can be implemented if hazards are found.

I'd like to leave you with three final thoughts. First, we know where the lead is, how children are exposed, and that children are exposed to unacceptable levels of lead, yet we spend our resources to limit toxicity once a child has been exposed, rather than working to prevent exposure from the start.

Secondly, we'll never known how badly we have stunted the academic and career potential of the current generation of lead-poisoned children, nor can we ever recoup the capacity that has been lost.

Third, this disease harms children who cannot act to prevent it. We continue to allow children to be poisoned during their most important years in terms of educational and physical development.

We urge you to act on this bill as soon as possible so this bill can proceed to final passage in the remaining weeks of the 102nd Congress.

I thank you for the opportunity to present our views.

[The prepared statement of Arlene Zielke follows:]

Oral Testimony Presented by
Arlene Zielke
Vice-President for Legislative Activity

Good morning. My name is Arlene Zielke. I am the National PTA Vice-President for Legislative Activity, the elected volunteer who serves as the PTA's advocate before Congress. I welcome the opportunity to present our views on H.R. 5730, the Lead Exposure Reduction Act, legislation that is key to addressing the problem of childhood lead poisoning in this country.

INTRODUCTION

The National PTA represents nearly 7 million parents, teachers, students and other child advocates in all fifty states, the District of Columbia, and Europe and the Pacific region, where American parents send their children to Department of Defense Dependents Schools. Our organization has long been involved in trying to protect children from exposure to environmental hazards, particularly those in schools where they are compelled to spend many years of their lives. We have worked closely with the Environmental Protection Agency (EPA) on lead-related programs and publications, and with Congress, having testified several times on lead legislation.

The Lead Exposure Reduction Act, sponsored by Representatives Al Swift (D-WA) and Henry A. Waxman (D-CA), combines provisions from two earlier lead bills that we supported. The bill was reported out of the Committee on Energy and Commerce by a vote of 39-4, and now is pending in the Committee on Education and Labor. We urge members of this Subcommittee, and the full committee, to act as expeditiously as possible to assure that there is still time in the session for H.R. 5730 to be enacted. The National PTA considers this bill one of our top legislative priorities.

No one, even those who oppose this bill, disputes the fact that **LEAD POISONING IS THE NUMBER ONE ENVIRONMENTAL THREAT FACING CHILDREN IN THIS COUNTRY.** Accepting this, we believe that parents, teachers, school and community leaders, and government officials at the federal, state and local levels, must do everything they can to eliminate this insidious, yet entirely preventable, hazard.

Our testimony presents background information about the health effects of lead poisoning, including effects on neurological development and intelligence in children and fetuses; the pervasiveness of childhood lead exposure; and the main sources of lead exposure, including lead paint, lead dust from lead paint, soil, and drinking water. The statement

also describes the provisions of the bill that apply to schools, outlines the importance of testing schools and day care centers as part of the necessary prevention effort, and presents reasons why this legislation is needed at this time.

OVERVIEW

At the outset, we would like to emphasize the clear connection that exists between environmental issues and the national education goals. For example, goal number one states that "By the year 2000, all children in America will start school ready to learn."

According to the latest data available, between 3 and 4 million children in the United States have blood lead levels above 15 micrograms per deciliter (ug/dL), a level high enough to cause decreased intelligence, behavioral disturbances, developmental delays, and numerous other, long-lasting effects. Further, in testimony presented to the House Subcommittee on Transportation and Hazardous Materials last September, the American Academy of Pediatrics estimated that 400,000 children are born each year with blood lead levels high enough to have neurotoxic effects. Clearly, these children will not start school ready to learn.

Goal number two states "By the year 2000, we will increase the high school graduation rate to at least 90 percent." Dr. Herbert Needleman, a nationally known expert on childhood lead poisoning, who has testified on several occasions before the Subcommittee on Health and the Environment, has research data drawing the connection between lead exposure and high school dropouts. Dr. Needleman's study shows that, of children who were exposed to lead when they were young (and accounting for all other mitigating factors), those with the highest lead levels had seven-times greater odds of dropping out of high school, and six-times greater odds of having significant reading disabilities. Do we need more compelling statistics before addressing this problem if we are serious about meeting the educational goals?

Dr. Needleman's studies have been replicated in many other countries, with like results. For reference, an article from this month's "Phi Delta Kappan" magazine, which is attached to this statement, mentions these studies and further emphasizes the connection between school failure and lead exposure.

THE HEALTH EFFECTS OF LEAD EXPOSURE

Lead poisoning is a silent, costly epidemic that threatens the well-being of between three and four million children in America. The National PTA is not a scientific authority on the health effects of lead, but we are convinced by the body of data that has been accumulated in this field, and we agree with the experts: LEAD POISONING IS THE NUMBER ONE ENVIRONMENTAL HAZARD FACING CHILDREN IN THE UNITED STATES, THREATENING THEM AT HOME, AT PLAY, AND IN THEIR SCHOOLS.

Volumes of data--compiled from the 1988 Agency for Toxic Substances and Disease Registry (ATSDR) Report to Congress entitled, "The Nature and Extent of Lead Poisoning in Children in the United States;" the Centers for Disease Control (CDC) 1991 statement on preventing lead poisoning in young children; the federal government's "Strategic Plan for Elimination of Childhood Lead Poisoning"; and other scientific sources--show that lead's neurotoxic effects at relatively low exposure levels include decreased intelligence, short-term memory loss, reading and spelling under-achievement, impairment of visual-motor functioning, poor perceptual integration, poor classroom behavior, increased hyperactivity, low birth-weight, slow growth, hearing loss, and impaired reaction time. Children and fetuses are especially susceptible to these effects, because their neurological systems are rapidly developing. Young children are also more exposed to lead than older groups due to their normal activities, including "mouthing" of non-food items that may introduce lead dust into their systems. According to the CDC report, young children absorb and retain more lead on a unit mass basis than adults.

Thirty years ago, concern about lead levels in children was reserved for those children exposed to such high levels of lead that they exhibited the harsh physical symptoms of lead poisoning. Since 1970, scientific and health research about childhood lead poisoning has revealed dramatic evidence of adverse effects of lead at lower and lower levels. Most scientists recognize that even though lead toxicity may not be apparent physically, its insidious effects are taking hold in children and manifesting themselves later through attention disorders, learning disabilities, and other related problems.

Last year, as a result of more sophisticated measuring techniques and the compelling data about adverse health effects of lead at lower levels, CDC updated its statement, "Preventing Lead Poisoning in Young Children". The new statement redefines childhood lead poisoning and recommends that the threshold for lead poisoning prevention activities should be at blood lead levels of 10 micrograms per deciliter (ug/dL), down from the previous level of 25 ug/dL.

The revised statement recommends treatment for children with blood lead levels above 15 ug/dL, and suggests that communities with large numbers of children with blood lead levels above 10 ug/dL develop community-wide educational and environmental programs to address the problem. Further, the report states that "virtually all U.S. children are at risk for lead poisoning." It recommends that all children should be screened for lead poisoning, with a higher priority given to children at highest risk.

Since we last testified on this issue, new data on the incidence of lead poisoning have been released, showing extremely high levels among children--**in some communities two out of three children are lead poisoned under CDC's new standard.** In urban areas, the results are the most frightening, as the following examples illustrate:

- o According to a CDC survey, 67 percent of the children tested in Oakland were lead poisoned; 32 percent of the children tested in Los Angeles had

levels above CDC's standard;

- o CDC reported results of testing of children in low-income neighborhoods in Chicago and found 66 percent of the children were lead poisoned;

- o An unpublished study by CDC screened children who sought medical treatment in inner-city hospital emergency rooms in Philadelphia, and found that 29 percent of the children had blood lead levels 50 percent above the poisoning threshold; and

- o In a draft report, released last March, EPA used model projections to estimate that there are 166,000 lead poisoned children in six Midwestern states. There are 46,129 lead poisoned children in Illinois, 35,797 in Ohio, 28,225 in Michigan; 22,170 in Wisconsin; 18,551 in Minnesota; and 15,439 in Indiana.

THE PERVASIVENESS OF CHILDHOOD LEAD EXPOSURE

Childhood lead poisoning is pervasive, yet entirely preventable. Progress has been made over the past twenty years, but exposure continues because of ongoing uses of lead. According to a report on childhood lead poisoning, published by the Environmental Defense Fund in March 1990, "each year industry produces, and consumers use and discard, products containing well over a million tons of lead."

While recent studies now document that millions of children from all socio-economic backgrounds and all geographic areas have lead levels high enough to cause adverse effects, in general, children in poverty, are at higher risk of exposure to dangerous levels of lead from their environments. More compelling are the data that demonstrate how low-income minorities, particularly those in dense, urban areas, people who are already struggling with inadequate living conditions, poor nutrition, and lack of access to preventive health care, are at greater risk than the rest of society. In fact, the EPA just issued a report on race and pollution that contains a startling fact. No data were found to document an environmental contribution to the known differences in the rates of disease and deaths, which vary among ethnic groups, **except for lead poisoning.**

We have discussed why children are more susceptible than adults to the hazardous effects of lead exposure, but must stress that prevention and early detection are key to correcting the problem. The CDC estimates that children's exposure to lead in this country costs society billions of dollars in medical costs, special education, and decreased productivity and earnings due to impaired intellectual development. While the benefits of preventing exposure to children are difficult to quantify, it is impossible to place a monetary value on effects such as decreased school performance or a family's emotional costs.

THE SOURCES OF LEAD EXPOSURE, INCLUDING LEAD PAINT, LEAD DUST FROM LEAD PAINT, SOIL, AND DRINKING WATER

Despite the known dangers of exposure to lead, millions of pounds of lead continue to be released into the environment each year because of the manufacture, use and disposal of lead-containing products. Because lead is an element, it does not degrade, and its toxicity does not diminish with time. The lead that has already been dumped in the environment from years of using leaded gasoline, paint, plumbing supplies, and other products remains and would have to be removed to eliminate the hazard completely.

For the most part, the average blood lead levels in this country have declined over the past twenty years because lead use has been significantly reduced in gasoline and paint. However, lead is still dispersed into the environment, and children are exposed to lead from a variety of sources, including paint, gasoline, solder, plumbing materials, batteries, crafts materials, food, water, dust, soil and air.

Today, lead-based paint is the most common cause of high-dose lead poisoning in children in the United States. The ATSDR estimates that 13.6 million children under the age of seven are potentially exposed to paint containing unhealthy concentrations of lead. Exposure occurs when children ingest the paint, but also when they ingest dust or soil that has been contaminated with leaded paint.

Lead in drinking water is also a significant problem for children. Lead in water comes mainly from lead products used in plumbing--pipes, solder, and flux. While Congress created a program to address this problem in schools, it has not been effective (as discussed below), and EPA estimates that millions of children are still exposed to drinking water in schools with lead levels above what EPA considers acceptable.

Lead-contaminated soil may be a problem at schools as well, particularly those in urban areas, near roadways, or near building exteriors painted with lead-based paint. Children ingest lead from soil by ingesting it through normal hand-to-mouth activity. Although lead emissions from leaded gasoline have largely been eliminated, the Agency for Toxic Substances Disease Registry estimates that 4-5 million metric tons of lead used in gasoline remain in dust and soil, and children continue to be exposed to it. In fact, EPA estimates that up to one-third of the childhood lead poisoning cases in the United States are caused by exposure to lead-contaminated soil.

Together, exposure to lead from paint, paint dust, water and soil pose a significant health threat to children in America.

THE SCHOOL- AND DAY CARE CENTER-RELATED PROVISIONS OF H.R. 5730

H.R. 5730 gives EPA two years to develop regulations for schools and day care centers to test for both lead paint hazards and lead in drinking water, and two years beyond that to complete the testing.

The bill renews and strengthens the water testing provisions that had been included in the Lead Contamination Control Act (LCCA), P.L. 100-572, which was first enacted in 1988. For drinking water, schools and day care centers have two years to test for lead. If the lead level in drinking water is above 15 parts per billion (the current EPA standard), they must notify parents and school or day care center staff, and provide risk disclosure information.

The bill would also give the Consumer Products Safety Commission the authority to recall water coolers that are found to be contributing to elevated lead levels, so schools or day care centers would not have to shoulder the cost of replacing them. Instead, the coolers would be repaired or replaced by the manufacturer.

The testing provisions for lead paint are targeted to children most-at-risk. Only schools built before 1980 are affected at all. Schools are required to inspect for lead-based paint that is chipping, peeling, flaking, or chalking; and inspect for any lead paint in those rooms and playground areas in "either daily or significant use by children in kindergarten or by younger children". (Significant use means use by more than 1 child at least twice per week, and at least for two hours per week.)

If a school or day care center finds a lead hazard, they must notify teachers, staff and parents of children in attendance, and provide them with a summary of the results, a description of the risks of lead exposure to children in Kindergarten or younger, and a description of any lead abatement to be undertaken. If a school or day care center plans to renovate, they must first inspect the area to detect any lead-based paint that might be disturbed and take actions as necessary to ensure that the renovation does not increase lead levels in interior dust or soil.

The soil inspection provisions are targeted to the youngest children as well. Schools and day care centers are required to inspect exterior soil in playground area to see if it contains a dangerous level of lead. All lead tests must be conducted by appropriately licensed and trained contractors.

The bill authorizes $60 million per year for four years ($30 million for paint, $30 million for water), a total of $240 million, in grants to schools to help them with the costs of testing and abatement. We believe this is an adequate beginning, although we support a higher authorization, particularly in later years when schools will have greater need for abatement projects.

WHY THIS LEGISLATION IS NEEDED

The National PTA is not alone in our call for a requirement that schools and day care centers test for lead. The National Education Association is a vocal supporter of H.R. 5730. The National School Boards Association is on-board, as is the American Federation of Teachers, the Alliance To End Childhood Lead Poisoning, the Natural Resources Defense Council, the American Academy of Pediatrics, the Children's Defense Fund, the Urban League, NAACP Legal Defense and Educational Fund, and other health, environmental and labor organizations.

In November 1990, the U.S. Department of Health and Human Services launched a "Strategic Plan for the Elimination of Childhood Lead Poisoning," which includes a call for expanded childhood lead poisoning prevention activities and a reduction in sources of lead exposure in addition to lead-based paint. This bill fits well within the outline of this plan.

The CDC statement on preventing lead poisoning, in addition to looking for lead hazards in housing, suggests that a comprehensive environmental lead testing program would look for other lead sources, "including drinking water in schools and residential buildings, soil in playgrounds and schoolyards, street dust, and lead-based paint in nonresidential buildings such as day care centers and schools."

Further, at a hearing the Subcommittee on Health and the Environment had in February on the impact of lead poisoning on low-income and minority communities, Julius Chambers, director and counsel to the NAACP Legal Defense and Educational Fund, included among his recommendations for a federal response to the problem: required lead inspections of school and day care facilities.

Attached to this testimony is a sampling of recent media articles drawing attention to this issue. We are pleased that there has been increased public focus on lead poisoning, and we hope that enhanced awareness will lead to development and implementation of effective measures to reduce and eventually eliminate childhood lead poisoning.

This problem is national in scope and requires a strong federal solution

"American Schools and Universities", an independent publication that compiles data about schools, including information on facility construction, estimates that 88 percent of public school buildings were built before 1980. The ban on lead-based paint was enacted in 1978. Add to these facts that, according to the American Association of School Administrators, in its recently published book, "Schoolhouse in the Red," states that three-fourths of school buildings are inadequate for learning because of the physical state of their facilities. The majority of school buildings are too old (74 percent of the nation's

school buildings were constructed before 1970); because of budget cuts, schools have been deferring needed maintenance (the estimated cost of deferred maintenance is now $100 million); and poor maintenance in school buildings is directly linked to the incidence of environmental hazards.

The purpose of AASA's report is to draw attention to the serious need schools have for funding infrastructure repairs, and they include in their report a disclaimer that "environmental mandates should be held to a minimum, and when issued, should be accompanied by the funds necessary to implement them."

We believe this bill is a minimal environmental mandate. It is likely that many schools and day care centers have lead paint hazards, and we know that schools have problems with drinking water. EPA's own Inspector General's audit of the lead in drinking water program found that "Many schools testing for lead discovered dangerous levels of lead in their drinking water. Many schools did not test their water, and if they did test, they did not always test adequately." EPA estimates that every year over 250,000 children are exposed to lead in drinking water at levels high enough to impair their intellectual and physical development.

All of this clearly illustrates why we need a testing requirement: we will not know definitively unless we test. To protect schools, we also need to assure that there are adequate training standards, technical assistance and the federal financial help to address the problem, as outlined in H.R. 5730.

We cannot rely on a voluntary approach to testing

The National PTA was a strong proponent of the Lead Contamination Control Act (LCCA), but was disappointed that the law had such little effect in ameliorating the problem. In September, 1990, EPA published the results of an audit of its and the states' roles in implementing the LCCA and other provisions of the Safe Drinking Water Act Amendments enacted in 1986. In brief, the review found that states were not adequately ensuring that school water sources were tested to protect children from lead contamination.

Thus, we learned from the LCCA that the voluntary approach for testing for lead hazards in drinking water did not work. We have no indication to surmise that voluntary testing will spontaneously occur for lead-based paint hazards or lead in soil either. If we want to assure that schools and day care centers are identifying lead hazards, we need a federal requirement.

There is precedent for federal involvement in eliminating environmental health hazards in schools

The National PTA was a strong supporter of federal legislation requiring schools to inspect for asbestos hazards, and we believe that the ensuing law, the Asbestos Hazard Emergency Response Act (AHERA) was a good law that made schools safer for children.

There were many opponents to AHERA, however, and many of these same people try to draw a parallel between H.R. 5730 and AHERA, claiming the lead bill is unnecessary, overly burdensome and costly. In fact, H.R. 5730 is none of these, nor does it resemble AHERA in its scope or coverage.

Contrary to a popular misconception, AHERA did not require removal of asbestos. In fact, EPA's own assessment of the program found that only 10 percent of schools removed asbestos, which may have been the best option in some cases. The law was successful in that 89 percent of the suspected asbestos-containing materials were identified in the original AHERA inspections, and the ongoing reinspection process will allow schools to improve where additional attention is warranted. Further, over $400 million has been appropriated since 1984 to help schools with the costs of abating hazardous asbestos.

In any case, H.R. 5730 is a far milder bill, outlining a one-time testing and notification process. AHERA requires periodic surveillance every six months, and reinspection of asbestos-containing materials every three years. Further, AHERA required schools to develop complex plans for in-place management of asbestos and this bill does not. AHERA required that local education agencies provide 2 hours of training to all workers, even if they don't handle asbestos, and 14 hours for those workers whose jobs may involve handling asbestos, and this bill does not.

One of the reasons AHERA was enacted was to create standards for training of abatement workers. Prior to AHERA, unscrupulous contractors took advantage of schools trying to eliminate asbestos hazards, and in some cases did work that made the asbestos hazard more acute. To prevent this from happening with lead, H.R. 5730 requires that certification and licensing programs be in place before schools are required to test.

In any case, while there might still be some debate about the health hazards posed by low-level exposure to asbestos, the threat of lead is far clearer and far more direct. As we mentioned before, **lead poisoning is the number one environmental health hazard facing children in the United States**. This is not just the position of the PTA, NEA or environmental organizations. President Bush and EPA Administrator Reilly have said this, and the Centers for Disease Control, the Department of Health and Human Services and many other respected health professionals and researchers concur.

Schools and day care centers must take part of the responsibility for limiting children's exposure to lead hazards.

Schools must do more to address lead poisoning, not just an environmental or a health issue, but clearly as an educational issue as well. Bailus Walker, dean of the University of Oklahoma's School of Public Health points out that, "the education community has not really understood the dimensions of this because we don't see kids falling over and dying of lead poisoning in the classroom. But there's a very large number of kids who find it difficult to do analytical work or [even] line up in the cafeteria because their brains are laden with lead."

Since lead poisoning is a silent epidemic that is often undetected unless children are screened, schools and day care centers will not know if they are exposing children to a lead problem without testing. We believe testing for potential health hazards is the responsibility of schools and day care centers, just as it is to assure that their buildings are safe from other physical and health hazards.

Even if in the past schools and day care centers have insisted that testing for lead poisoning extends beyond the scope of their responsibilities, they should now re-examine that position. This is especially essential given all the new data about lead's effects on children's physical and intellectual development, and data proving that low-income minorities suffer the most lead poisoning. Schools must recognize that aggressive behavior, learning disabilities, and hyperactivity caused by lead might be a contributing factor to poor educational performance among the low-income children most affected by lead poisoning.

This is a mild bill that gives schools and day care centers maximum flexibility in addressing any problems they identify.

This is a right-to-know measure. There is no mandate for abatement, just provisions for good information. Many schools will not have lead hazards, but they will not know if they have a problem unless they test. If a school finds lead, the administrators can go to the parents, school staff, and the rest of the school community to discuss how best to address the situation at the local level.

Testing is especially important when schools or day care centers plan renovation or remodeling projects because, without knowing the dangers, they could inadvertently create even more hazardous conditions for children and staff in completing such projects. In fact over 30 percent of the cases of lead poisoning are attributable to home remodeling or renovation projects.

Contrary to claims that the bill is an unfunded mandate, the bill authorizes a total of $240 million over four years. Short of making the program an entitlement, there is no way to

guarantee funding, however, we believe we would have a good chance of securing funds. We fight hard every year to get money for asbestos abatement, and we will do the same for lead.

For schools to not test, simply because they fear the cost of testing and possible abatement, is patently irresponsible. This approach acknowledges that schools may be contributing to the problem of childhood lead poisoning and deliberately condones continued poisoning of children. Moreover, schools or day care centers will not be forced to remove lead-based paint as a result of this bill. There are a number of abatement measures that can be implemented if a hazard is found. The key is that parents and school officials will know where the hazards are.

Federal efforts to eliminate childhood lead poisoning are cost-effective

We are well aware that schools face numerous financial crises, including clean-up of environmental health hazards. However, we believe testing for lead hazards is a cost-effective activity that will save money in health care costs and special education funds in later years, by preventing continued lead exposure that results in health problems and decreased intelligence for countless children. Attached to the testimony are the financial calculations we made to estimate the cost of testing for schools and day care centers, which we think are minimal compared with the costs of treating a lead-poisoned child.

In addition, in testimony last year, Dr. John F. Rosen, Professor of Pediatrics at the Albert Einstein College of Medicine in New York, cited a cost-benefit analysis carried out by CDC and EPA. That analysis revealed that "a congressionally mandated federal effort to eliminate childhood lead poisoning from leaded paint and water will yield, conservatively, an annualized benefit of at least $4.2 billion in terms of net medical and societal savings. Stated differently, for each delay of 24 hours to initiate desperately needed federal programs, about $11.5 million of net medical and societal benefits are lost forever."

CONCLUSION

Lead poisoning is not a "new" disease; in fact it has been a fact of life for centuries. In the early years of our own country, Benjamin Franklin lamented in a letter sent to a friend in 1786, that the bad health effects of lead "taken inwardly" were "at least above sixty years old." His closing words in that letter unfortunately still ring true today: "you will observe with concern how long a useful truth may be known and exist, before it is generally received and practiced on."

By not acting in efficient ways to eliminate childhood lead poisoning, we are perpetuating at least three very regrettable tragedies:

First, we know where the lead is, how children are exposed, and that children are exposed to unacceptable levels of lead. Yet we spend our resources to limit toxicity once a child has been exposed, rather than working to prevent exposure from the start;

Second, we will never know how badly we have stunted the academic and career potential of the current generation of lead-poisoned children, nor can we ever recoup the capacity that has been lost; and

Third, this disease harms children who cannot act to prevent it. We continue to allow children to be poisoned during their most important years in terms of educational and physical development.

We urge you to act on this bill as soon as possible, so that this bill can proceed to final passage in the remaining weeks of the 102nd Congress. Enacting H.R. 5730 is a critical step in the fight to end childhood lead poisoning.

Thank you for the opportunity to present our views.

Childhood Exposure to Lead: A Common Cause of School Failure

Few educators have thought much about the state of the brains that children bring to the classroom or about the formidable challenges that ordinary kinds of learning present to children exposed to lead. Dr. Needleman points out.

By Herbert L. Needleman

THE PAST five decades have seen a revolution in our understanding of the role of lead in human health. As recently as 50 years ago, pediatricians believed that, if a child did not die from acute lead poisoning, he or she would recover without residual effects. Today, data from around the world demonstrate that exposure to lead, even at doses too small to produce symptoms, is associated with impaired neurobehavioral functioning.[1] Because of this growing body of data, the Public Health Service has declared that "lead poisoning remains the most common and societally devastating environmental disease of young children."

Extraordinary numbers of American children may be exposed to lead. In a historic report to the U.S. Congress, the Agency for Toxic Substances and Disease Registry (ATSDR) estimated that 16% of *all* American children have blood lead levels in the neurotoxic range.[2] This means that three to four million children are at risk. In the face of this information, the response of educators, government officials, and even organized pediatricians has been sluggish and hesitant. While a great deal of rhetoric has been expended on the contemporary educational problems in America and much thought has been given to curricular responses, few educators have thought much about the state of the brains that children bring to the classroom or about the formidable challenges that ordinary kinds of learning present to children exposed to lead.

Being well off does not protect a child against the toxicity associated with lead exposure, but being poor increases a child's risk radically. The ATSDR estimates that 7% of well-off white children have elevated blood lead levels, for poor whites the proportion is 25%. Of poor African-American children, 55% have elevated levels. More than half of African-American children who live in poverty begin their education with this potentially handicapping condition. Lead exposure may be one of the most important – and least acknowledged – causes of school failure and learning disorders.

Childhood lead poisoning is not new. It was first described in 1897 in Brisbane, Australia, by A. J. Turner and James Gibson. They noticed that their patients with motor weakness and paralysis of eye muscles had recently moved or were living

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biters and thumb suckers. Using careful observation and rigorous logic, they established the cause of their patients' problems as paint on the porches and rails of houses. The identification of the cause was followed by a 20-year struggle to ban lead in paint. Overcoming resistance from many industries and organized medicine, Turner and Gibson succeeded in having a law passed banning lead in household paint in Australia in 1920. It required another 50 years before we passed a similar law in the U.S.

THE MODERN era of lead toxicology began in 1943, when Randolph Byers, a pediatric neurologist at Boston Children's Hospital, noticed that some of the children that he was evaluating for learning and behavioral disorders were precisely the ones whom he had treated earlier for lead poisoning. Byers and Elizabeth Lord, a psychologist, tested 20 children assumed to have recovered from lead poisoning.[1] They found that 19 had learning or behavioral problems. Byers wondered how many of the cases of school failure or behavioral disorder were, in fact, overlooked cases of lead toxicity.

The definition of the toxic level of lead in the blood has shifted downward over time as new information has been obtained and evaluated. As recently as 1969, a level of lead in the blood below 60 micrograms of lead per deciliter of blood (µg dl) was thought to be safe. In 1970 the surgeon general lowered the definition of toxicity from 60 µg dl to 40 µg dl. At that time, a number of investigators began to study whether lead at even lower doses affected brain function, and some of the early studies showed that lead at lower doses was associated with deficits in measured intelligence.[2]

After a careful review of the early studies, my research group noticed that they were weakened by several common design problems. Most used blood lead as a marker of exposure. This is acceptable if exposure is recent. But the residence time of lead in blood is relatively short. Blood lead levels may decline to normal, even if past exposure was severe. Early studies also tended to use weak measures of outcome and did not examine other factors that affect development and could confound lead's effect. Many early studies used small samples and often did not control for sampling bias. We set out to design a study that could overcome these difficulties.[3]

I had demonstrated that lead in deciduous teeth was a reliable indicator of past exposure. Lead in the bloodstream goes to bone and tends to stay there, and this form of bone biopsy offered a painless way to measure exposure long after the fact. We collected teeth from a large sample of children in Somerville and Chelsea, Massachusetts, and measured the levels of lead in them. We then compared those children whose teeth showed high lead levels with those children whose teeth showed low levels. We used a battery of sensitive measures of I.Q., language competence, attention, and teachers' behavioral ratings. We studied 158 children – all asymptomatic for lead poisoning – and measured 39 other factors that could affect development. Our subjects were tested by examiners who had no knowledge of their lead burden.

After controlling for such factors as socioeconomic status and mother's I.Q., we found that "high lead" subjects had lower I.Q. scores and poorer language and attention; teachers' reports of the behavioral impairment of these children also varied in direct relation to the amount of lead in their teeth. For example, teachers found students with higher levels of lead exposure to be more distractible, less persistent, more dependent, less well-organized, less able to follow directions, and generally lower in overall functioning than students with lower levels of lead exposure.

When this study was published, it drew a great deal of attention and stimulated a number of investigators to conduct similar studies. Soon, high quality data began to come in from around the world showing similar effects, often at lower doses. There are now at least 15 other studies from Scotland, Denmark, Greece, Italy, Germany, England, Australia, and New Zealand showing that low levels of lead are associated with decreased psychological functioning.[4]

We followed the subjects from our 1979 report into young adulthood in 1988.[5] Controlling for a number of important factors, we found that early lead exposure was associated with a sevenfold increase in the risk of failing to graduate from high school and with a sixfold increase in a student's risk of having a reading disability. The data demonstrated quite clearly that lead exposure has permanent effects and that these effects are expressed in such vital functions as academic competence and reading skill.

Lead exposure clearly is related to the child's ability to pay attention, inhibit distraction, and resist impulses. In addition to our study, William Yule and others have shown the clear association between lead burden and these behaviors. They have also shown an association between lead level and aggression, as measured on the Rutter scale. Similar data have been reported from Scotland and from New Zealand. These findings suggest that lead may play a part in the genesis of antisocial behavior.

In addition, lead crosses the placenta and can be measured in the blood of the fetal umbilical cord. We did these measurements and showed that prenatal lead exposure is associated with increased risk for minor malformations and with decreased infant I.Q. scores as much as two years later.[6] Similar results have been found by investigators in Cincinnati and in Australia. These changes were seen to occur at blood lead levels above 10 µg dl.

These findings have recently caused regulators and public health officials to alter long-standing policies. The Centers for Disease Control (CDC) now define lead toxicity as beginning at 10 µg dl. More important, the CDC's Public Health Service, headed by Dr. James Mason, has announced a *Strategic Plan for the Elimination of Childhood Lead Poisoning*. This plan lays out the first five years of an agenda to eradicate lead poisoning.

Such a move from strategies designed to control a disease to those designed to eradicate it is truly a revolutionary step. But it is also a formidable task. There are about 40 million houses in the U.S. that have leaded surfaces. Not all of these are a present danger. If lead paint is in good repair and is not chalking or flaking, it is not dangerous. But there are at least two million homes that have deteriorated leaded surfaces and that are inhabited by children. Almost every child in such a home has an elevated level of lead in the blood. These houses demand immediate attention, and the strategic plan of the CDC lays out the financial justification

for such an expensive enterprise

The CDC plan has four essential elements: getting rid of leaded paint in high-risk housing, expansion of prevention activities, reductions of exposure to lead from food, water, air, soil, and the workplace, and the establishment of national surveillance for all children. None of these elements is new; what is new is the federal commitment not simply to control the disease (or to reduce the prevalence) but to drive the rate close to zero. This kind of vision could have come only from the Centers for Disease Control, which have known success in eradicating disease; in 1963 the CDC directed the World Health Organization program that erased smallpox from the face of the earth.

The CDC's strategic plan anticipates that critics will say the enterprise is too expensive. When CDC economists compared the costs and the monetary benefits of lead abatement, they found that, after paying for lead abatement, the reductions in the cost of medical care and of special education, the improved productivity, and the lower neonatal mortality would yield a net return of $28 billion to our society. This careful analysis is a powerful counterargument to those who would protest that effective abatement of lead paint in houses is too expensive for our society to support.

Given that lead toxicity is no secret and that more data are available documenting the effects of lead than are available for any other neurotoxin, we must wonder why so little real prevention has occurred. Many factors have retarded progress in eliminating this disease. First, the belief persists that this is a problem only of poor inner city black children and that the mother's "inferior care" is responsible for the child's exposure to lead. Society has always been myopic about the problems of the poor and minorities, and once mothers have been blamed for the problem, official consciences can rest. In addition, academic medicine has not been intrigued by the problem of lead poisoning; it does not carry the charm of molecular biology or the drama of major organ transplantation. There are no airlines taking lead poisoned children to Disney World or lifesaving corporate jets bearing them to hospitals.

Some authorities believe that the passage in 1972 of the Lead Paint Poisoning Prevention Acts and the removal of lead from gasoline have eliminated the problem. The lead industry and its academic spokespersons have labored mightily to obscure the health effects of lead. This is not a new phenomenon; the industry has worked to camouflage the toxic properties of lead for 50 years. Paid representatives of the lead industry have gone so far as to allege scientific misconduct on the part of those investigating the adverse effects of lead.

Not all branches of the federal government have been as active as the Public Health Service. In the past, the Department of Housing and Urban Development (HUD) has been the worst offender. After HUD was assigned the task of estimating the size and nature of the lead problem in 1972, investigators for that agency discovered that meeting its own responsibility to remove lead from houses would cost $30 billion.

HUD then launched a furious effort to assign the blame for lead poisoning to any source but paint. Its attempts to obscure the risks of leaded paint in housing were so egregious that they became the subject of a Government Accounting Office report titled *HUD Not Fulfilling Its Responsibility to Prevent Lead Paint Poisoning*. HUD has continued to run from its responsibility to reduce lead poisoning in its properties. An assistant secretary for research at HUD was quoted as saying, in response to the announcement of the CDC's strategic plan, that more money to abate lead in housing was not needed and that funds were available for home rehabilitation, but people had simply not applied for them.

The final reason for the lack of action to overcome the effects of environmental lead is perhaps the most intractable. While many people believe that the disease has been eradicated, perhaps an even larger number think that the problem is too large to handle. The idea that millions of children may suffer lead intoxication and that millions of houses are in need of abatement produces a reflex wave of pessimism. Self styled realists will argue that abatement is too expensive and that society could never find the money for such an enterprise. Taken together, reasons such as these help us to understand why this disease [illegible] to identify and [illegible] continues to dull [illegible] and [illegible] the cycle of poverty.

The eradication of lead poisoning presents a unique opportunity to address many other urban pathologies that afflict our nation. To get rid of lead in the millions of homes that house children will require a large labor force, and there is no shortage of individuals who cannot find work in precisely the same localities where lead is in excess. The removal of this toxin could provide an opportunity to put people back to work and simultaneously restore houses to a state in which people can live safely.

It is reasonable to ask whether we can afford *not* to mount this effort. In 1963 when the executive secretary of the World Health Organization was approached with a plan to eradicate smallpox, he [illegible]. Because he believed that the effort was doomed to failure, he requested that an American be asked to direct the project and thus take the heat for its failure. Dr. Donald Henderson and the CDC accepted the challenge. Today, smallpox is a disease for the history books. Lead poisoning, a silent, relentless destroyer of brain cells, can meet the same fate if we have the same kind of vision.

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[illegible]

Congress: Get the lead out

On another subject, USA TODAY says stopping lead poisoning is a battle lawmakers could win.

Each day, young minds are being poisoned needlessly.

The source is lead paint chips and pipes in old houses, contaminated soil or air, and toxic drinking water.

As many as 4 million children have enough lead in their blood to lower their IQs and cause reading disabilities, says the Centers for Disease Control.

On Thursday, federal health officials took an overdue step to combat lead poisoning by starting a national system to track lead in the blood of children.

The project will identify geographic areas most at risk and devise solutions.

The project revives a once-aggressive federal effort to reduce the lead threat.

Congress mandated lead-free gasoline in the 1980s. And the federal government has labeled lead poisoning the nation's No. 1 health problem of children.

While it touches all racial and income groups, estimates suggest that as many as 50% of poor black children enter the first grade with toxic lead levels in their blood. They're more likely to live in old housing with lead pipes and paint and in urban areas, where the problem is worst.

The real tragedy is that lead poisoning, though irreversible, is preventable. It never has to get started.

Even as the tracking effort progresses, there is more that should be done.

Congress has failed to pass laws requiring home buyers and tenants to be informed of lead content in their homes. Laws requiring the removal of lead pipes from homes are not being enforced.

The NAACP Legal Defense Fund also says the federal government is dragging its feet on enforcing laws requiring testing of drinking water in public schools.

For the sake of our children, lawmakers must get the lead out.

Do you worry about lead in water, paint and soil?

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High Lead Levels Found In Paint At Burlington Day Care Building

BURLINGTON (AP) — A potentially hazardous amount of lead has been found in paint on a building used for day care.

The East Avenue building is owned by the Medical Center Hospital of Vermont but is leased to the Visiting Nurse Association. It was found to have more than seven times the amount of lead considered acceptable in the paint on the building's exterior.

Hospital spokeswoman Beverly Rutherford said 3.9 percent lead by weight was found in the paint. The Vermont Health Department, which did the testing, said paint with greater than 0.5 percent lead presents a potential health hazard, she said.

The problem was discovered after a parent inquired about a possible lead problem, center director Patti Lally said.

The VNA Child Care Center cares for about 35 children between the ages of 8 weeks and about 6 years old and is operated in two buildings at 145 and 155 East Avenue. Both buildings are owned by MCHV, which is responsible for maintaining the outsides of buildings.

Lally said she had the interiors of both buildings and the exterior of the building at 155 tested in July.

Schools zero in on lead

Concord public schools will undergo another round of testing to see if levels of lead in the water are still above Environmental Protection Agency (EPA) limits.

Gerald Missal, director of financial services, told the School Committee last Monday in a memorandum that all bubblers which scored above the EPA limits in the original tests conducted last November will be retested.

"We want to change as many bubblers and pipes on the high-testing units as possible, then have an outside company test it all again," he said.

So far the Maintenance Department has replaced 24 bubblers,

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Schools zero in on lead

■ SCHOOLS, From Page 1

installed three new water coolers, and replaced many of the old pipes with plastic pipes, he said.

The maximum amount of lead in drinking water allowed by government standards is 20 parts per billion. Bubblers and piping that had more than 10 parts per billion were removed, Missal said.

When the water is tested again, Missal said three samples should be taken from each outlet to insure accurate testing, even though the additional samples will cost more.

Some bubblers were removed and capped off rather than replaced, he said.

"In some cases where teachers indicated that the bubblers were in locations not used by students, for example the Peabody Art Room, or where two bubblers appeared side-by-side, we felt that it was more practical to remove the bubbler and cap off the pipe," he said.

Five bubblers were removed, he noted.

Committee members received a handout that had the results of the three tests that have been performed on bubblers and sinks in the schools. All three sets of tests showed that lead levels were significantly higher in many instances than the EPA standard of .02 milligrams per liter.

Wednesday, August 19, 1992 — The Washington Post — METRO — C1

Lead Poisoning Now Seen as Threat to More Children

By Tracy Thompson
Washington Post Staff Writer

[illegible] Reginald Hamilton spent [illegible] his aunt's dilapidated apartment [illegible] Southeast Washington. As a toddler, he [illegible] to stand at a window to watch the [illegible] street below, chewing on whatever was handy — often chips of lead-based paint peeling off the windowsill.

[illegible] two-month-old Alexandra Mac[illegible] was born [illegible] middle class [illegible] when her parents were renovating a 1920s bungalow in a historic neighborhood of Charlottesville. As a fetus, she was exposed to the lead-based paint her mother was stripping off the walls. As a baby, she [illegible] on the floor, breathing in [illegible] the same paint.

[illegible] have suffered brain damage [illegible] lead poisoning, a condition described last year by Health and Human Services Secretary [illegible] W. Sullivan as the No. 1 [illegible] threat to the health of children [illegible] the United States. Local health specialists say the number of children considered [illegible] danger from lead exposure is much more than previously thought, and that it poses a big health risk to middle-class children as well as poor.

The reason: a Centers for Disease Control standard issued last fall which recognized growing medical evidence that lead is toxic to children at much lower levels than previously thought, particularly to children under 5 whose bodies absorb lead more easily than adults.

Lead is an industrial byproduct that can be found almost everywhere, from old lead-based paints and household dust to soil [illegible] by car pollutants and water passing through lead pipes. In the body, its effect is mainly on the nervous system, and the harm is cumulative. Almost everybody is exposed to some amount of lead every day, but at some point — exactly where is unclear — it has a cumulative effect that is toxic, primarily to nerve cells.

Lead poisoning is insidious. It rarely causes symptoms, at least not until exposure levels are extremely high. Even then, its symptoms mimic a dozen other childhood complaints, such as headaches, nausea, abdominal pain, delayed growth and hearing loss.

Still, scientists recently have been able to document some of the damage that can be done to children by exposure to even small levels of lead, the kind, for instance, likely to be created by renovations in any house more than 20 years old. That evidence suggests that lead exposure may cause permanent IQ deficits, hyperactivity and learning disorders in children long before they show any physical symptoms of poisoning.

In response to such growing medical evidence, the CDC lowered the danger point for lead poisoning last fall by more than half. As a result, public health specialists here and across the country say the percentage of children considered at risk has skyrocketed.

"In some communities, we can expect a tenfold increase in the number of children" at risk, said Jerry Hershovitz, a spokesman for the CDC's Lead Poisoning Prevention Program.

Health officials say the dimensions of the problem are still unclear since most

See LEAD, C4, Col. 1

Mary Epps reads to her nephews, Reginald Hamilton, left, and Prince Hamilton. Both boys' blood tests showed dangerous levels of lead.

More Children at Risk of Lead Poisoning

LEAD, From C1

children are not being screened routinely for lead exposure by pediatricians and health clinics.

But the level of public concern about the issue is slowly rising. Calls to Maryland's lead poisoning prevention program have doubled since last year, and workers at the Fairfax County Health Department, the only jurisdiction in Northern Virginia to offer lead screening, say they have noticed a similar increase.

Tests conducted on Washington area children suggest that the problem has moved far beyond inner-city, low-income neighborhoods where public health efforts traditionally have been concentrated, into the suburbs.

- In Maryland, 41 percent of the 21,592 children tested in 1991 had blood lead levels that exceeded the new CDC danger mark of 10 micrograms per deciliter, according to statistics compiled by Beverly Gammage, of the state's lead poisoning prevention division.

According to 1990 figures, the latest available by county, the percentage of children who tested higher than the new CDC danger mark in Prince George's County was 24.6 percent. In Montgomery, it was 14.6 percent; in Howard, 27.5 percent; in Anne Arundel, 19 percent; and in Baltimore city, 59.7 percent.

- In the District, a Johns Hopkins researcher recently surveyed 1989 records of lead screenings and found that 27 percent of the tested blood lead levels were higher than the new CDC danger mark, said Ella Witherspoon, head of the District's lead poisoning prevention program.
- Virginia has no statewide program, but in response to the CDC's new warnings it plans to expand lead screening programs for children on Medicaid early next year, said Alice Linyear, of the child and maternal care office of the state health department.

Figures on the percentage of children at risk are only rough approximations, cautioned Pat MacLaine, head of Maryland's lead poisoning prevention program, because they count only the children voluntarily tested in government programs, not those who may be at risk but don't know it, or those so poor they never find their way into the health-care system.

But more precise estimates of the damage done by lead exposure are beginning to emerge in other cities. In door-to-door surveys in inner-city neighborhoods in Chicago and Oakland, about two of every three children tested above the new CDC danger mark, Hershovitz said.

In 14 studies conducted by researchers in the United States, Australia and Europe since 1986, children who have suffered lead poisoning score

> *"I was very hurt. They'll always have to have someone to look out for them."*
>
> — Mary Epps

significantly lower on intelligence tests than their peers who have not been exposed to lead.

In another study, still underway, Herbert Needleman of the University of Pittsburgh followed a group of 132 Massachusetts students exposed to lead in early childhood. He found that as high school students, they suffered disproportionately from school problems and were seven times more likely to drop out than their peers who were not exposed to lead.

For Reginald Hamilton, the damage already is apparent.

His aunt, Mary Epps, who is rearing him and his brother, said that she noticed years ago that Reginald was having speech problems. At the time, she had no idea that his problem was due to the paint that was peeling off the walls; she just knew there was a lot of peeling paint.

"The ceiling was chipped. The plaster was coming off the walls," she said.

Finally, Epps complained to the city building inspector about problems in the apartment. That drew the attention of the District's lead poisoning prevention program, which had Reginald tested. His blood lead level measured at 90 micrograms per deciliter, nine times the CDC's current danger level.

He was immediately hospitalized and given drugs to help his body metabolize and excrete the lead, a step reserved for cases of acute lead poisoning. But much of the damage to his brain is irreversible.

"When he started to talk, his words just wouldn't come through," Epps said. At his last school evaluation in April 1990, his aunt said, Reginald's verbal skills tested at the level of a 2-year-old.

Last year came more bad news. Epps finally succeeded in getting testing for Reginald's older brother, Prince, who is 9. His blood lead level came back at 24, and his elementary school recently put him in a special education class.

"I was very hurt," Epps said. "They'll always have to have someone to look out for them."

Alexandra's parents, Todd Garfinkel and Janet MacColl, were alarmed when a neighbor handed them a magazine article in May 1991 that alerted them to the possibility that their little girl had been exposed to lead. When they went to the local health department for help, they said, they encountered a form of civic denial.

"We were told there'd only been one recent case of lead poisoning in Charlottesville, and they just felt it was not a high-risk sort of town," Garfinkel said. The city health department also told them that federal funds for lead screening had been cut about 10 years ago, and no widespread testing had been done in years.

When they finally succeeded in getting their daughter's blood lead level checked, it registered at 22, more than double the CDC danger mark. The extent of the damage is unclear because Alexandra is still a toddler.

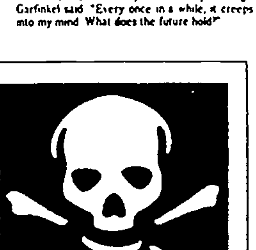
Today, Garfinkel said, Alexandra seems happy and healthy. But the family has moved from the house they so carefully renovated, and her parents are fearful that their daughter will have learning problems in school.

"That's the scariest part of lead poisoning," Garfinkel said. "Every once in a while, it creeps into my mind: What does the future hold?"

Lead Poisoning Often Viewed As Affliction of Poor Children

But Home Renovations, Even Hobbies Can Pose Danger

By Tracy Thompson
Washington Post Staff Writer



To Washington lawyer Elizabeth Jester, one of the biggest problems in the fight against lead poisoning is attitude. Too many suburban pediatricians think their middle-class patients have some magical immunity.

Not so, says Jester, who spends much of her time representing children who are lead poisoning victims in lawsuits against landlords accused of not cleaning up lead hazards.

"There are all these pediatricians running around the city who don't know a thing about lead poisoning," she said. "I have to say a lot of doctors out there in the 'burbs do have a class bias that way."

But the accumulating weight of medical studies suggests that even a simple home ren[illegible]

The first step is to ask the right questions, according to the Centers for Disease Control. Children up to age 6 could be at risk if they:

- Live in or regularly visit a house with peeling or chipping paint built before 1960.
- Live in or regularly visit a house built before 1960 where there is recent, continuing or planned renovations.
- Have a sibling or a playmate being treated for lead poisoning.
- Live with an adult who has hobbies such as ceramics, making stained glass, refinishing furniture, target shooting (there's lead in bullets), collecting lead-based toy soldiers or collecting pottery made abroad.
- Live near an active lead smelter, battery recycling plant or other industry likely to release lead.

The CDC advises that children at high risk for lead poisoning be tested routinely beginning at six months. [illegible]

[illegible]

The simple finger-prick test—which still is used in most public health clinics across the country simply because it is convenient and costs only about $10 a test—is not accurate enough to detect low-level exposure to lead.

The current CDC danger mark for toxic levels of lead is 10 micrograms of lead per deciliter of blood. Any child whose blood level tests higher than that should have frequent follow-up tests, as well as a thorough environmental assessment of the home and day-care center to determine the source of the lead.

For more information, call:

[illegible]

Dinkins to Appoint Task Force on Lead Threat in Soil

By STEVEN LEE MYERS

As city officials and experts differed over the dangers of high lead concentrations found in soil near the Brooklyn, Manhattan and Williamsburg bridges, Mayor David N. Dinkins announced yesterday that he would form a task force to investigate the problem and recommend solutions.

Mr. Dinkins said that forming the task force, to be headed by First Deputy Mayor Norman Steisel, came in response to the fear and anger among residents in Williamsburg that arose after crews sandblasting the Williamsburg Bridge rained dust, grit and lead paint chips on the roofs, yards, streets and playgrounds in the neighborhood. Concern in Williamsburg prompted the city to test soil in Manhattan and Brooklyn near the two other bridges, although there has been no recent sandblasting there.

Sandblasting Halted

On Tuesday, the City Health Department, which halted sandblasting on the Williamsburg Bridge first in June and again last month, reported that tests taken at more than 200 sites near all three bridges found lead at levels that the Federal Centers for Disease Control considers dangerous to children.

Dr. Andrew Goodman, the Assistant Commissioner for the Health Department, said yesterday that the department was concerned about the "very high levels of lead" but that such levels were not unexpected in New York, as in most urban centers where decades of automobile exhaust and paint flaking from buildings and bridges have tainted soil.

"Our assessment is that these are levels that most likely have been around for a long period of time," Dr. Goodman said. "These are levels of great concern, but in fact the threat is not that significant because there are very few children playing in the streets directly beneath the bridges."

But a professor of pediatrics who has studied lead contamination and worked closely with Community Board 1 in Brooklyn, which represents Williamsburg, said the test results pose "a very, very serious public health question" that the city must address promptly and vigorously.

"Those levels are astronomically high," said Dr. John F. Rosen, a professor at Montefiore Medical Center in the Bronx. "They are so high that they are typical of what is characteristically found at Superfund sites grossly contaminated by lead."

Harmful to Nervous Systems

[illegible]

Chris de Boschnek and his wife, Heleen, at the corner of Wythe Avenue and South Fourth Street, near their home near the Williamsburg Bridge, rear. Their 2-year-old daughter has a high lead level in her blood

for Disease Control have said that children can be susceptible to elevated levels of lead in their blood when lead in the soil exceeds 500 to 1,000 parts per million. The city's tests found that 41 of 120 samples in Williamsburg contained more than 1,000 parts per million, and at one spot, at the intersection of South Second Street and Berry Street, 42,100 parts per million.

There is, however, no national consensus on what level of lead in the soil should prompt remedial action, like containing the source or cleaning up polluted areas.

Mr. Dinkins said the mayoral task force, which will include representatives of the city's Department of Health, Department of Transportation and Department of Environmental Protection, would consult experts who have studied lead and try to develop a way to eliminate any threat to public safety without halting the repair work on the aging Williamsburg Bridge.

Moving forward with the repair [illegible]

mayoral task force. "However, I believe the city has an obligation to insure that this necessary repair work on the bridges does not contribute additional lead to the surrounding community."

A Call to the State

But even as Mr. Dinkins moved to assure residents in Brooklyn, local officials, including Borough President Howard Golden and Assemblyman Joseph R. Lentol, said that the task force did not go far enough and called on the State Department of Health to intervene.

"It has gotten to the point where it is essential that an independent authority with broader public health responsibilities oversee and regulate this ongoing activity," Mr. Lentol, whose district includes Williamsburg, wrote yesterday in a letter to Dr. Mark R. Chassin, the department's Commissioner.

As government officials moved to address the problem, the people who live and work beneath the Williamsburg Bridge expressed fear and anger over what many saw as a slow response [illegible]

after the problem was first discovered they have still been unable to get answers to the two most basic questions: Are their children at risk? And why?

Chris de Boschnek and Heleen Hesning, who live in a renovated tenement on South Fourth Street in the shadow of the Williamsburg Bridge, tested their 2-year-old daughter, Alexis, for lead in the weeks after the problem arose. The results, which came on Monday, found that she had 17 micrograms per deciliter of lead in her blood, higher than the "threshold of concern" of 10 micrograms set in 1991 by the Centers for Disease Control.

Ever since the sandblasting began in June, the couple said, it seemed as though an insidious menace had intruded into their home. They no longer let Alexis play in the backyard. And they said they fear that if the level of lead in her blood continues to increase they might have to send her upstate to stay with Ms. Hesning's relatives, as other families in the neighborhood have already [illegible]

[illegible]

MCHV takes heat for lead paint

otential hazard found at site owned by hospital

By Toya Hill
Free Press Staff Writer

A potentially hazardous unt of lead has been found in t on a building used for day and owned by the Medical ter Hospital of Vermont, a ital official said

The building at 155 East Ave oaned to the Visiting Nurse ciation — was found to have e than seven times the unt of lead considered accep- in the paint on the build- exterior

ospital spokeswoman Bever- utherford said 3 9 percent of paint's weight was lead The nont Health Department, h did the testing, said paint with more than 0 5 percent lead presents a potential health hazard

The problem was discovered after a parent inquired about a possible lead problem, Patti Lally, center director, said

The VNA Child Care Center at 145 and 155 East Ave cares for about 35 children between the ages of 8 weeks and 6 years Both buildings are owned by MCHV, which is responsible for maintaining the outside of buildings

Lally said she had the interior of each building and the exterior of the building at 155 tested in July

After getting the results, she notified the hospital and asked them to have the soil tested Both the soil tests and tests on the buildings' interiors found no problems, Rutherford said

"Our facilities department is preparing a plan of action," she said, concerning the lead levels found on the exterior at 155 Officials expect to have the proposal before the end of August, Rutherford said "It obviously is going to be taken care of in an expedient manner"

Some of the parents of the children who attend the center, however, think MCHV should not have let the building to dete-

See **MCHV**, *2B*

MARK KASAHARA, *Free Pre*

Jordan Brown (left) talks Friday with Visiting Nurse Association day-care worker Eve Alexandra. Peeling lead paint has parents concerned about their children's safety.

MCHV: Parents want action on lead paint at day care

Continued from Page 1B

riorate

Joyce Coombs, whose daughter Kristen is enrolled at the center, said she's more upset over the hospital's failing to maintain the building than the possibility that her daughter might eat paint and be poisoned by lead

"It's their (MCHV's) building. They don't know the paint is chipping off?" she asked. "Don't they have maintenance?"

She said that had the soil been contaminated she probably would have removed her child

"We pay a pretty high price for the kids to go there," said Linda Barbour, who has one child at the center and another who just finished. "We expect a good service," she said, adding that she has no problem with the care

Lally said she asked the hospital in October about a few aesthetic maintenance concerns, including the chipping paint. "They had come down and taken a look at it," she said. But no further action was taken at that time

Lally said that among other things, the center has taken steps to make sure the children's play equipment is far from the building and has distributed information to parents about lead poisoning

Tips on lead

- Lead enters the body when paint chips, dust, soil, food or water that contains lead is swallowed or inhaled. This is much more serious for children than for adults
- Young children and infants are particularly sensitive to lead because their bodies are developing. Children absorb and retain more lead than adults. Elevated levels of lead in their blood can put children at increased risk for problems such as learning disabilities, behavioral problems and impaired coordination
- In most cases of lead poisoning today, there are no obvious symptoms and nothing will be noticed in a routine physical checkup. A blood test is the only way to determine whether a child has been exposed to a harmful amount of lead

Sunday, August 23, 1992 ■ Metro Editor Rob Elder 660-1862

FINANCIAL IMPACT OF THE LEAD PAINT INSPECTION REQUIREMENT IN H.R. 5730 ON SCHOOLS AND DAY CARE CENTERS

Using facilities data from Child Care America (CCA), an organization that represents private and religious child care centers in the United States, and the U.S. Department of Education's National Center for Educational Statistics (NCES); together with information regarding inspection costs from the U.S. Environmental Protection Agency, the Department of Housing and Urban Development and a few randomly selected lead inspection and testing companies, we have made some estimates about the financial impact of the lead paint testing requirement on day care centers and schools.

CHILD CARE CENTERS

CCA says there are approximately 65,000 child care centers and 500,000 homes nationwide where children receive care for compensation. Of the 500,000 homes, CCA estimates 75-90% are "unlicensed, unregulated, and not currently receiving federal funds or participating in the Child Care Food Program", meaning they would not be included in the reach of this bill.

Thus, there are:

	65,000	child care centers
+	50,000	10% of licensed, regulated family day care homes
	115,000	total licensed and regulated day care homes and centers
-	17,250	15% of the total that we estimate have been built after 1980 and are not covered
	97,750	day care homes and centers comprising the universe affected by H.R. 5730

CCA cites a cost estimate of $400.00 per day care inspection. We believe this is a high average, particularly since the Cambridge Housing Authority estimates that comprehensive testing of all lead paint in a 2-3 bedroom apartment would cost $125.00. The inspection requirement for day care centers is not for all lead paint, just lead hazards, defined in the bill to include "lead-based paint that is chipping, peeling, flaking, or chalking; any surface coated with lead-based paint that is subject to abrasion; any surface coated with lead-based paint that can be mouthed by a child under six years of age: interior dust or exterior soil that contains a dangerous level of lead." In any case, even using the estimates offered by CCA, the total cost for inspecting 97,750 sites would be:

97,750 x $400 = $39.1 million

SCHOOLS

The inspections in schools are targeted to children most at risk. This means that schools not having children aged six or under will have minimal costs; they will simply be required to inspect for lead paint that is chipping, peeling, flaking, or chalking. Schools with children under age six would be required to conduct more thorough inspections, specifically in "each room and playground area...in either daily or significant use by children in Kindergarten or by younger children."

According to data published by NCES in 1990, there are a total of 83,165 public and 26,807 non-public schools. Of the public schools, 54,658 are elementary schools and 28 507 are middle, secondary or "other" schools. Of the non-public schools, 24,355 are categorized as elementary and 2,452 are secondary or other. "American Schools and Universities"--an independent publication that collects data about schools, including information on facility construction--says that 88.7 percent of public schools were built before 1980.

Cost estimates for elementary schools:

	54,658	public elementary schools
-	6,122	those built after 1980
	48,536	public elementary schools built before 1980.
	24,355	non-public elementary schools
-	2,728	those built after 1980
	21,627	non-public elementary schools built before 1980.
	48,536	public elementary schools built before 1980
+	21,627	non-public elementary schools built before 1980
	70,163	total elementary schools built before 1980
-	23,388	using the model EPA developed for the asbestos in schools program, one-third of schools will not qualify for federal assistance on the basis of financial need, thus we subtract one-third.
	46,775	total universe of elementary schools eligible for grant funds

Based on discussions with EPA and HUD staff, and lead inspection companies, we are estimating, on average, that schools will need to spend $1,000 per elementary school for lead paint inspection costs. Thus, the total cost for inspecting qualified elementary schools would approximate:

46,775 x $1,000 = $46.8 million

Cost estimates for secondary schools:

	28,507	public secondary schools
-	3,193	those built after 1980
	25,314	public secondary schools built before 1980
	2,452	non-public secondary schools
-	275	those built after 1980
+	2,177	non-public secondary schools built before 1980
	25,314	public secondary schools built before 1980
+	2,177	non-public secondary schools built before 1980
	27,491	total secondary schools built before 1980
-	9,164	one-third of schools that will not qualify for because of insufficient financial need
	18,327	total universe of secondary schools eligible for grant funds

Since secondary schools will have, in general, more limited responsibilities, we are using a lower cost estimate for testing of $500 per school.

Thus, for the secondary schools, the cost would be:

18,327 x $500 = $9.2 million

Adding these three numbers:

	$ 39.1 million for day care homes and centers
	$ 46.8 million for elementary schools
+	**$ 9.2 million for secondary schools**
	$ 95.1 million

gives us a total cost for the inspections required in H.R. 5730. This includes all covered day care centers (not discounting for any that might be ineligible because they lack financial need), and all financially eligible, public and non-public, elementary and secondary schools built before 1980.

H.R. 5730 authorizes $30 million per year for four years, for a total of $120 million. The remaining funds could be used by those schools and day care centers that voluntarily opt to abate any lead hazards they may find.

Prepared by: National PTA
National Education Association

Revised as of:
8/6/92

Chairman KILDEE. Thank you very much, Ms. Zielke.

Mr. Chase?

Mr. CHASE. Thank you, Mr. Chairman and members of the subcommittee.

My name is Bob Chase, and I'm vice president of the National Education Association. I do appreciate this opportunity to testify before you today on an issue of great importance to America's children.

The hazards of lead poisoning and lead exposure have been well documented here today, certainly including the connection between lead poisoning and diminished intellectual ability. As has been previously stated, children with elevated lead levels are seven times more likely to drop out of school than children with acceptable lead levels, and six times more likely to have reading disabilities.

Reducing children's exposure to lead is a clear, direct, and cost-effective way to advance the nationa' education goals adopted by the Nation's governors and endorsed by the President.

Failure to address the preventable disabilities of hazardous lead levels in children only increases the need for expensive remedial programs, including educational programs for students with learning and physical disabilities.

There is sufficient evidence that children are threatened by the presence of lead in public schools, principally in drinking water and in lead-based paint. This past May, the General Accounting Office released a report that found, "Children spend a substantial portion of their day in classrooms and in school facilities and therefore may be further exposed to the hazards of lead-based paint in these buildings."

We recognize that this legislation is only part of the effort necessary to eliminate lead poisoning. However, the provisions relating to schools, we believe, are essential. The Lead Exposure Reduction Act would establish a comprehensive framework for responding to lead poisoning and implementing many of the recommendations proposed by the Centers for Disease Control, including restrictions on the use of lead in a wide range of products and packaging materials.

The Chairman and members of this subcommittee have taken the lead in many efforts to assure America's children have quality educational opportunity. The provisions of this bill are entirely consistent with your previous efforts.

The Lead Exposure Reduction Act includes two basic provisions related to schools. The first would require schools and day-care centers to inspect for lead-based paint hazards and interior dust or exterior soil that contained dangerous levels of lead. The costs associated with tests are relatively modest, as has been mentioned today, and testing would only have to be done once.

The bill does not mandate abatement, nor does it require elaborate management plans as far as abatement is concerned, although certainly it is everyone's hope that abatement procedures would continue and would be put into effect.

The second provision reauthorizes and strengthens the Lead Contamination Control Act of 1988 to require schools and day-care centers to inspect for elevated lead levels in drinking water and would require notification of test results to parents and school employees.

Recognizing that State and local governments are beset by a number of obstacles and competing priorities in providing adequate financial support for public education, the measure would authorize $60 million a year in each of 4 years, for a total of $240 million, to help pay for the cost of testing and abatement. Such funds do represent a modest and cost-effective investment in the long-term well-being of American children.

Prevention of lead poisoning will greatly lessen the need for expensive remedial education and medical programs. We urge this subcommittee to move quickly to approve this measure, without weakening amendments. We must begin the testing process necessary to reduce the hazards of lead poisoning and lead exposure to America's children, and we must do it now.

Thank you very much.

[The prepared statement of Robert Chase follows:]

STATEMENT OF ROBERT CHASE, VICE PRESIDENT, NEA

Mr. Chairman and members of the subcommittee

I am Robert Chase, Vice President of the National Education Association which represents more than 2.1 million education employees in the Nation's public elementary, secondary, vocational, and postsecondary schools. We appreciate this opportunity to testify on an issue of great importance to the health and safety of America's public school students: the Lead Exposure Reduction Act, H.R. 5730.

As U.S. Department of Health and Human Services Secretary Louis Sullivan has said, lead poisoning "is the number one environmental threat to the health of children in the United States." Reducing children's exposure to lead is a clear, direct, and cost-effective way to advance the National Education Goals adopted by the Nation's governors and endorsed by the President.

The hazards of lead exposure are well-documented, including the connection between lead poisoning and diminished intellectual ability. Children with elevated lead levels are seven times more likely to drop out of school than children with acceptable lead levels and six times more likely to have reading disabilities. The National Education Goals related to school readiness, high school completion, mastery of rigorous subject matter, and lifelong learning are all impeded by children affected by exposure to lead.

Research also links elevated lead levels with hearing and vision loss, behavioral problems, and other serious medical and emotional conditions. Failure to address the preventable disabilities of hazardous lead levels in children only increases the need for expensive remedial programs, including educational programs for students with learning and physical disabilities.

Voluntary compliance with existing Federal programs to encourage schools and day-care centers to test for lead hazards have produced sufficient evidence that children are threatened by the presence of lead in public schools—principally in drinking water and lead-based paint. Because some 87 percent of all public school buildings were constructed prior to 1980, many are likely to contain lead-based paint. The General Accounting Office's May 1992 report, *Federal Programs Do Not Fully Address Some Lead Exposure Issues*, states, "Children spend a substantial portion of their day in classrooms and in school facilities and therefore may be further exposed to the hazards of lead-based paint in these buildings."

Addressing the hazards of lead in schools alone is not sufficient to fully address the threat to some 3 to 4 million children under the age of six who are estimated to have lead levels high enough to adversely affect their intelligence and behavior. Clearly, all parents and communities must take steps to help protect the lives and health of Americans exposed to lead, especially young children and nursing mothers. We believe the schools can play an integral role in educating families about the hazards of lead, but they should not be a source of lead exposure themselves.

The Lead Exposure Reduction Act would establish a comprehensive framework for responding to lead poisoning. It would implement many of the recommendations proposed by the Centers for Disease Control. The bill will place restrictions on the continuing uses of lead in a wide range of products and packaging materials, establish a program of accreditation and training of individuals conducting lead-based paint inspections and abatement activities, establish and EPA program to promote safe and effective lead exposure abatement, and prohibit lead in any food packaging.

Considering the longstanding commitment of the Chairman and members of this subcommittee to assure a significant Federal role in the education and well-being of America's children, there should be no question about your support for the programs in this bill—in particular the provisions related to testing for lead hazards in the schools.

The Lead Exposure Reduction Act includes two basic provisions related to schools. The first would require schools and day-care centers to inspect for lead-based paint hazards and interior dust or exterior soil that contain dangerous levels of lead. The inspections are limited to those schools and day-care centers built prior to 1980 and are targeted to those areas of the building commonly used by young children. The measure includes incentives for schools and day-care centers to undertake abatement actions where needed and requires notification of the results of the inspections to parents and employees. The bill does not mandate lead abatement actions by schools or day-care centers.

The second provision reauthorizes and strengthens the Lead Contamination Control Act of 1988 to require schools and day-care centers to inspect for elevated lead levels in drinking water. The measure would also require notification of test results to parents and school employees. Sadly, voluntary compliance has not been sufficient to address the threat. According to a September 1990 report by EPA's Inspector General, "The States were not adequately ensuring that school water sources were tested to protect children from lead contamination . . . [Some] schools were not testing [for lead] and consequently are unaware of imminent health hazards potentially present in their schools." EPA estimates that more than 240,000 children experience some irreparable loss of intelligence each year as a result of lead contamination in drinking water.

H.R. 5730 would limit the lead inspection and testing provisions to those day-care centers that are licensed or regulated under State law or that receive Federal funds to support day-care programs.

Recognizing that State and local governments are beset by a number of obstacles and competing priorities in providing adequate financial support for public education, the measure would authorize $60 million a year in each of 4 years to assist disadvantaged schools and day-care centers with the costs of testing for lead hazards and for conducting needed abatement. Such funds represent a modest and cost-effective investment in the long-term well-being of American children. The prevention of lead poisoning will greatly lessen the need for expensive remedial education and medical programs.

Taken school-by-school, the costs of lead testing are minimal, as low as $125 for a small day-care center for a lead-based paint inspection, $25 per sample for lead in drinking water, and $7 per sample for soil testing.

NEA and the National PTA estimate that the lead-based paint inspection costs for all covered schools and day-care centers with demonstrated financial need would be less than $100 million. Remaining funds authorized by the bill could be used to assist schools and day-care centers to complete the job of testing for lead hazards in drinking water and for abatement efforts. NEA would support an amendment to increase the authorization, especially in the last two years of the program, to assure that sufficient funds are available to assist with abatement actions.

H.R. 5730 is supported by a wide range of organizations, including the National PTA, Children's Defense Fund, NAACP Legal Defense Fund, National Urban League, American Academy of Pediatrics, Environmental Defense Fund, Natural Resources Defense Council, Alliance to End Childhood Lead Poisoning, Laborer's International Organization, United Brotherhood of Carpenters, and American Federation of State, County, and Municipal Employees.

We urge this subcommittee to join us in supporting the bill. Further we ask that you move quickly to approve this measure, without any weakening amendment, to begin the testing process necessary to reduce the hazards of lead exposure to America's children now.

Thank you.

Chairman KILDEE. Thank you, Mr. Chase.

Mr. Kupfer?

Mr. KUPFER. Mr. Chairman and committee members, I sincerely appreciate the opportunity to submit these comments as technical testimony to your committee. They are made on behalf of NSF International. We have submitted a written paper for your consideration. Unfortunately, our senior toxicologist, who provided this

data, had family health problems, and therefore I have the opportunity to present them.

I'll attempt to summarize the technical points for your benefit.

Chairman KILDEE. Both your summary and the full text will be included in the record.

Mr. KUPFER. Thank you.

NSF is a private, not-for-profit organization founded in 1944 and chartered under the State of Michigan law. Its mission is to develop and administer service, research, and educational programs related to public health and environmental sciences. NSF is a classical third-party organization, not simply a vendor in the private sector.

The important difference is our mandate to serve with equivalence all parties at interest in our programs, including regulators, users, and manufacturers. We are widely recognized and highly respected in our field. The American National Standards Institute, ANSI, has accredited NSF as a standards-writing organization, as a third-party certifier in all of our program areas.

Our services reach throughout the U.S. and to 39 other nations. Major current services are provided by NSF for products used in the treatment, storage, and distribution of drinking water, point-of-use drinking water treatment units, bottled water, wastewater treatment devices, plastic pipes and liners, and equipment for food service, pools, spas, and hot tubs.

The exposure of our children to lead by any route and in any location is clearly a concern for those of us endeavoring to protect the public health. There are problems somewhat unique to lead, however, in defining the risk associated with particular routes and places of exposure for specific populations of children.

For example, the goal to reduce the exposure of young children to lead in drinking water at schools and day-care centers is a worthwhile one. The challenge is to do so in a way that is rational, targeted at both children and locations with greatest risk, cost-effective, and is educational rather than alarming.

One cannot argue against the need to reduce lead exposure in children. Rather, one can argue for learning from similar experiences with asbestos. Sound science can lead to good policy.

The Lead Contamination Control Act of 1988 directed the removal of lead from water in public and private schools. A number of published reports in the public press and from health departments across the country indicate that some schools districts have done no testing; some have tested but have done so improperly. Of those that have been properly tested, lead has been detected in levels that range from those that are safe to those that are not safe.

Lead levels in drinking water are likely to be highest if the school's plumbing system has lead service lines, if there is lead in the raw water supplies, or if there is corrosion of lead solder or brass faucets in fixtures. Little information is available about lead exposure in many rural schools that are dependent on well water and therefore affected by the quality of the surrounding aquifer.

Most childhood exposures to lead are from old paint, soil, and dust. However, the EPA estimates that lead in drinking water contributes 10 to 20 percent of the total lead exposure in young children. Certainly testing of drinking water sources in schools and

day-care centers is warranted. It is imperative, however, that the sampling be done correctly and consistently among facilities and that analyses be conducted at qualified laboratories.

There is an obvious need for training in what, when, and how to sample. The training, lab certification, and data collection and evaluation would best be coordinated by the U.S. EPA with adequate funding to utilize other available resources in the private sector.

There are a number of prospective studies linking lead exposure and neurobehavioral effects in children. However, this human database on lead toxicity is unusual. There is a considerable amount of data defining the dose-effect relationship in humans, but the data is expressed in terms of internal exposure. Dose-effect data that links a particular external exposure by a single route of exposure are not generally available for lead.

The relationship between environmental concentrations and the measured blood lead level is very complex and difficult to define, because lead is present in our air, water, and soil. Furthermore, there is a long-term retention of lead in bone and tissues. A decrease in environmental exposure does not cause an equally rapid decrease in body burden of lead or of resulting toxicity. The long-term significance of a persistent, low-level exposure versus that of acute, high-level exposures is not fully understood.

What, then, are parents to be told if the lead levels in the drinking water in their child's school is 20 parts per billion instead of 10 parts per billion. Perhaps even more alarming to parents are the questions that we cannot answer with certainty about the long-term effects of their toddler's blood lead level of 20 micrograms per deciliter, which is twice the action level.

The EPA policy is clear. The lead contribution from drinking water to total exposure should be minimal because there exists a large population of children that already has blood lead levels above acceptable levels.

Biokinetic modeling is a useful tool in trying to quantitatively predict health risks associated with different amounts of exposure, especially if exposure is infrequent, such as an occasional drink of first-draw water that is high in lead.

There are many variables to consider in quantifying the exact relationship between lead in a particular environmental medium, such as water, and the human parameter, easily measured blood lead levels. These variables include age of the child, amount of water consumed, amount of water that is first-draw, exposure to lead in soil, air, and food, and the existing body lead burden at time of exposure. Efforts are underway to better understand these complex relationships, and as our scientific knowledge increases, so will our ability to define risk in terms of exposure amounts, blood levels, and lasting side effects.

There is admittedly a need to test the drinking water and collect data on the levels of lead our children are encountering in their schools. Caution should be exercised in what is done with the data. Collectively, this type of data is informative. In specific high-exposure cases, lead levels should trigger immediate action. Levels of exposure that trigger abatement versus education cannot be effectively legislated, because of the complexity of the scientific issues.

Education, in-place management procedures, and data collection are best handled under the authority of the U.S. EPA.

There is a need for targeted abatement. It is important to determine the locations of most critical need and establish a schedule of activities that emphasize use of available resources on a prioritized basis. There is no single remedy for all locations determined to have a significant problem with lead in drinking water. Abatement may be a school issue, a utility issue, or a geographic issue.

There are also simple and inexpensive preventative practices that should be implemented at all our schools immediately. A November 1, 1990, news release by the South Central Connecticut Regional Water Authority reported that they had deputized "junior water rangers" to flush drinking water fountains each morning. This simple procedure would probably minimize most drinking water exposure to high levels of lead in that school, unless it has a high-risk situation that requires abatement.

Resources could be allocated to fund a consortium of groups, headed up by U.S. EPA, that could include such organizations as NSF, the plumbing industry, utilities, educators, school administrators, to provide services such as: collect and collate data nationwide, provide a public information hotline, disseminate public education material, determine the need for and suitability of remediation techniques in high-risk situations, provide guidance on health and regulatory issues, sampling, and certification of testing laboratories.

The protection of our children from exposure to lead has become a real concern at all levels of government and to the public. We must continue to decrease lead exposure by all routes. I issued the following lead policy for NSF on September 6, 1991: "There shall be no lead as an intentional ingredient in any material contacting food or drinking water, except brass, meeting the definition of lead-free under the specific provisions of the Safe Drinking Water Act of the United States, as amended in 1986. In the absence of further regulatory guidelines, the EPA action level of 15 parts per billion shall be used for purposes of establishing the maximum extraction levels for products contacting food or drinking water."

That policy went into effect as of its issue date for all products then under testing and evaluation for certification at NSF, extensive re-evaluation of materials and compliance of equipment certified prior to issuance of the NSF lead policy.

In the drinking water additives program, each certified product must comply with an upper limit of one tenth of the action level, or 1.5 parts per billion of lead.

NSF supports measures that reduce lead exposure of children in schools with immediate resources targeted at those populations and those locations with greatest risk. We support efforts to define those populations and places. NSF supports a drinking water lead limit in schools and day-care centers that is appropriate for promoting public health, and we support efforts to define that limit. NSF supports public education and in-place management as reasonable and appropriate measures for helping to decrease lead exposure of our children.

However, legislating specific levels of lead in the water that result in remedial action and public disclosure would not be mean-

ingful at this time. There are too many unanswered questions about specific routes of lead exposure, too many variables that are situation-dependent and effective in-place management techniques that must be taken into account.

Furthermore, unless resources are adequate to fund new regulatory mandates, the congressional objective of improved public health for our school-age children will not be achieved. Instead, the number of schools in violation will increase as lower levels of lead are mandated, parents will panic, and less than effective, reactionary steps will result.

Specific language about technological and educational procedures is necessary but should not be mandated. Specific language should be defined through regulatory and standards-setting processes. The role of Congress to support these processes and ongoing efforts by EPA and others with adequate funding is fundamental.

Thank you for the opportunity to provide this testimony on behalf of NSF.

[The prepared statement of Ann Marie Gebhart, Ph.D. presented by George A. Kupfer follows:]

Ann Marie Gebhart, Ph.D.
Senior Toxicologist, Drinking Water Additives
NSF *International*

Mr. Chairman:

I sincerely appreciate the opportunity to submit these comments as written testimony to your Committee. They are made on behalf of NSF *International*, which I serve as Senior Toxicologist in the Drinking Water Additives Program.

NSF is a private, not-for-profit organization, founded in 1944 and chartered under Michigan law. Its mission is to develop and administer service, research, and educational programs related to public health and the environmental sciences.

NSF is a "classic third-party" organization, not simply a vendor operating in the private sector. The important difference is our mandate to serve with equivalence all parties at interest in our programs, including regulators, users, and manufacturers. We are widely recognized and highly respected in our field The American National Standards Institute (ANSI) has accredited NSF as a standards writing organization and as a third-party certifier in all of our program areas. Our services reach throughout the US and to thirty-nine other nations.

Major current services are provided by NSF for products used in the treatment, storage, and distribution of drinking water, point-of-use drinking water treatment units, bottled water, wastewater treatment devices, plastics pipe and liners, and equipment for food service, pools, spas and hot tubs.

NSF's process for developing voluntary consensus standards is unique and in full compliance with the Office of Management and Budget (OMB) Circular No. A-119, entitled "Federal Participation in the Development and Use of Voluntary Standards." Examples of consensus standards developed by NSF include ANSI/NSF Standards 60 and 61, the American National Standards for drinking water additives products. These standards are for control of health effects contaminants in drinking water. Standard 60 covers treatment chemicals; Standard 61 relates to the range of other products in contact with water during its treatment, storage, and distribution (pipes, paints, coatings, etc.). NSF has extensive experience in the issues relating to lead extraction from lead-bearing plumbing fixtures.

These standards were developed under a three-year competitively awarded, cooperative agreement with the USEPA. The states, through the Association of State Drinking Water Administrators, and the water utilities, through the American Water Works Association Research Foundation, were our full partners in the standards writing program. They continue, with EPA and the American Water Works Association, to provide guidance and oversight to our ongoing program of product compliance certification. Independent third party standards development and product certification programs such as these have historically been used very successfully in the U. S. as a means of providing oversight without regulation. Ongoing costs related to testing, evaluation, audit, and certification are borne by the private sector.

PROBLEM STATEMENT

In 1991, Health and Human Services Secretary Louis W. Sullivan described lead poisoning as the Number One environmental threat to the health of the children in the United States. Lead poisoning is insidious in that it rarely causes physical symptoms until exposure levels are high. Lower levels of exposure usually do not cause overt symptoms, but this exposure in children and in the fetus can lead to interference with mental and physical development, deficits in IQ, attention span, and hearing, interference with heme synthesis (red blood cell production), and decreased birth weight or premature birth. Fetuses and children under seven years old are particularly vulnerable to the effects of lead, in part because more of the lead that enters their bodies is absorbed. The neurobehavioral effects of lead are believed to be cumulative and irreversible and can interfere with learning and school performance as children get older. Furthermore, these effects occur at exposure levels once thought to be safe. When the Center for Disease Control decreased the blood lead level considered to be harmful in children to 10 micrograms per deciliter (µg/dl), the number of children defined as "at risk" may have increased as much as ten-fold.

The exposure of our children to lead, by any route and in any location, is clearly a concern for those of us endeavoring to protect the public health. There are problems somewhat unique to lead, however, in defining the risk associated with particular routes and places of exposure for specific populations of children. For example, the goal to reduce the exposure of young children to lead in drinking water at schools and day care centers is a worthwhile one. The challenge is to do so in a way that is rational, targeted at those children with greatest risk, cost-effective, and is educational rather than alarming. One cannot argue against the need to reduce lead exposure in children. Rather, one can argue for learning from similar experiences with asbestos. Sound science can lead to good policy. It is the need for adequate data collection, definition of risk, education and in-place management, and targeted abatement that will be addressed in this testimony.

DATA COLLECTION

The Lead Contamination Control Act of 1988 was directed at removing lead from water in public and private schools. The act required testing of drinking water and the repair or removal of faulty water coolers by February 1990. This act also requires that states establish programs to assist educational agencies in the testing and remediation of lead contamination of drinking water in schools. A number of published reports in the public press and from health departments across the country indicate that some school districts have done no testing, some have tested but done so improperly. Of those that have been properly tested, lead has been detected in levels that range from those that are "safe" (less than 10 - 20 parts per billion (ppb)) to those that are "not-safe" (as high as 100 ppb and greater).

Lead levels in drinking water are likely to be highest if the school's plumbing system has lead service lines, which affects an estimated 20 percent of public water systems, if there is lead in the raw water supplies (about 1 percent of systems), or if there is corrosion of lead solder or brass faucets and fixtures. Corrosion is more likely to be a problem if the plumbing materials are less that five years old, if the water is soft or acidic, or if the water has been stagnant in the pipes and fixtures for several hours. Little information is available about lead exposure in many rural schools dependent on

well water and therefore affected by the quality of the surrounding aquifer. Most childhood exposures to lead are from old paint, soil, and dust. However, the EPA estimates that lead in drinking water contributes 10 - 20 percent of the total lead exposure in young children. Certainly, testing of drinking water sources in schools and day care centers is warranted. It is imperative however that the sampling be done correctly and consistently among facilities and that analyses be conducted at qualified laboratories. There is an obvious need for training in what, when, and how to sample. A central collection point for the generated data would allow a consistent evaluation of the results and the ability to identify geographic locations, specific school systems, buildings, or even water faucets and coolers that need immediate abatement or removal versus those that are best targeted for in-place management. The training, lab certification, and data collection and evaluation would best be coordinated by the USEPA with adequate funding to utilize other available resources in the private sector.

DEFINITION OF RISK

There are a number of prospective studies linking lead exposure and neurobehavioral effects in children. However, this human database on lead toxicity is unusual. There is a considerable amount of data defining the dose-effect relationship in humans, but the data is expressed in terms of internal exposure. The parameter usually measured is the µg lead/dl blood. Dose-effect data that links a particular external exposure (usually measured in mg lead/kg body weight/day) by a single route of exposure are not generally available for lead. The relationship between environmental concentrations and the measured blood lead value is very complex and difficult to define because lead is in our air, water, and soil. Furthermore, there is a long-term retention of lead in bone and tissues. A decrease in environmental exposure does not cause an equally rapid decrease in body burden of lead or of resulting toxicity. The long term significance of a persistent, low-level exposure versus that of acute, high-level exposures is not fully understood. What then, are parents to be told if the lead levels in the drinking water in their child's school is 20 ppb instead of 10 ppb? Perhaps even more alarming to parents are the questions that we cannot answer with certainty about the long-term effects of their toddler's blood lead level of 20 µg/dl (twice the action level of 10 µg/dl defined by the CDC).

It is generally acknowledged that most children with high blood lead levels have been exposed via paint chips or dust and/or soil contaminated by leaded gasoline exhaust. On the average, water lead levels have been reported to range between 10 - 30 ppb in homes and schools, due primarily to plumbing corrosion. For reasons previously discussed, there is a lack of directly relevant epidemiologic data relating childhood blood lead levels to occasional first-draw drinking water with high lead levels. However, the EPA policy goal is clear: the lead contribution from drinking water to total exposure should be minimal because there exists a large population of children that already has blood lead levels above acceptable values.

Biokinetic modeling is a useful tool in trying to quantitatively predict health risks associated with different amounts of exposure, especially if exposure is infrequent (such as an occasional drink of first-draw water that is high in lead). There are many variables to consider in quantifying the exact relationship between lead in a particular environmental medium, such as water, and the human parameter easily measured (blood lead levels). These variables include age of child, amount of water consumed, amount of water that is first-draw, exposure to lead in soil, air, and food, and the existing body lead burden at time of exposure. Efforts are underway to better understand these complex

relationships, and as our scientific knowledge increases, so will our ability to define risk in terms of exposure amounts, blood levels, and lasting side effects.

There is admittedly a need to test the drinking water and collect data on the levels of lead our children are encountering in their schools. Caution should be exercised in what is done with the data. Collectively, this type of data is informative. In specific high-exposure cases, lead levels should trigger immediate action. Levels of exposure that trigger abatement versus education cannot be effectively legislated because of the complexity of the scientific issues. Education, in-place management procedures, and data collection are best handled under the authority of the USEPA.

EDUCATION, MANAGEMENT AND LEGISLATION

There is a need for targeted abatement. It is important to determine the locations of most critical need and establish a schedule of activities that emphasize use of available resources on a prioritized basis. Abatement may include anything from removing or repairing water coolers, to corrosion control at the water treatment facility, to removal of lead service lines. There is no single remedy for all locations determined to have a significant problem with lead in drinking water. Abatement may be a school issue, a utility issue, or even a geographic issue.

There are also simple and inexpensive preventative practices that should be implemented at all of our schools immediately. Children should wash their hands after playing with toys to decrease exposure to dirt and dust containing lead. Keep dirt and dust to a minimum by daily cleaning of the floors. Use cold water for all food preparation because hot water increases the leaching of lead from the plumbing system. Heat water on the stove if hot water is necessary for cooking. Flush all drinking water outlets first thing in the morning to eliminate exposure to water that has stood in the system overnight. Flush for one full minute if the school has lead service lines. Send information about these practices home with the children so they can be implemented there too. A November 1, 1990 News Release by the South Central Connecticut Regional water authority reported that they had deputized "Junior Water Rangers" to flush drinking water fountains each morning. This simple procedure would probably minimize most drinking water exposure to high levels of lead in that school unless it has a high-risk situation that requires abatement.

Resources could be allocated to fund a consortium of groups such as the USEPA, NSF *International*, the plumbing industry, utilities, educators and school administrators could be formed to provide such services as:

- collect and collate data nationwide
- provide a public information hotline
- disseminate public education material
- determine the need for and suitability of remediation techniques in high-risk situations
- provide guidance on health and regulatory issues, sampling, and certification of testing laboratories

SUMMARY

The protection of our children from exposure to lead has become a real concern at all levels of government and to the public. We must continue to decrease lead exposure by all routes. George Kupfer, Chief Operating Officer for NSF *International*, issued the following lead policy for NSF on September 6, 1991:

> *"There shall be no lead as an intentional ingredient in any material contacting food or drinking water, except brass, meeting the definition of "lead free" under the specific provisions of the Safe Drinking Water Act of the United States, as amended in 1986. In the absence of further regulatory guidance, the EPA Action Level of 15 ppb shall be used for purposes of establishing the maximum extraction levels for products contacting food or drinking water."*

That policy went into effect as of its issue date for all products then under testing and evaluation for Certification at NSF. A targeted deadline of December 31, 1992 was set for completion of a full review and compliance of all products already Certified. Extensive reevaluation of materials and retesting of equipment in the Food Service Equipment Program is being undertaken to insure compliance of equipment Certified prior to issuance of the NSF lead policy. In the Drinking Water Additives program, each certified product must comply with an upper limit of 1/10 of the action level, or 1.5 ppb of lead.

NSF *International* supports measures that reduce lead exposure of children in schools with immediate resources targeted at those populations with greatest risk and we support efforts to define those populations. NSF *International* supports a drinking water lead limit in schools and day care centers that is appropriate for promoting public health and we support efforts to define that limit. NSF *International* supports public education and in-place management as reasonable and appropriate measures for helping to decrease lead exposure of our children.

However, legislating specific levels of lead in the water that result in remedial action and public disclosure would not be meaningful at this time. There are too many unanswered questions about specific routes of lead exposure, too many variables that are situation-dependent, and effective in-place management techniques that must be taken into account. Furthermore, unless resources are adequate to fund new regulatory mandates, the congressional objective of improved public health for our school-age children will not be achieved. Instead the number of schools in "violation" will increase as lower levels of lead are mandated, parents will panic, and less-than-effective reactionary steps will result. Specific language about technological and educational procedures is necessary but should not be mandated. Specific language should be defined through regulatory and standards-setting processes. The role of Congress to support these processes and ongoing efforts by the EPA and others with adequate funding is fundamental.

Thank you for the opportunity to provide this testimony on behalf of NSF *International*.

pw(Test)Commitee Gebbert2

Chairman KILDEE. I thank you very much, Mr. Kupfer.

I'm going to start out with a rather generic question and ask all of you, if you respond to it, just around the table here: If you had a kindergarten student in an older school building in one of our inner cities, what would you want the various levels of government to do—the Federal, the State, and the local? If you had a child in a kindergarten class in one of our inner cities—most of those schools were built before that 1978 or 1980 period—what would you, as a citizen and as a parent or grandparent, want the local government to do, the State government, and the Federal Government?

Mr. Barber?

Mr. BARBER. Thank you, Mr. Kildee.

First of all, I would want an awareness to be made of the extent of the problem in relation to the lead poisoning. I think education is very important in this area.

When we address the issue relative to the State and the Federal Government and local government, I think we have to talk about establishing a procedure that, first of all, would provide the proper environment for this child. We would want each of those particular agencies, the State and the Federal Government and the local government, to join a partnership in trying to alleviate the problem, so that the child is then in a safe environment.

As Mr. Goodling has mentioned many times, of course, this would take some funding, but I would hope that these particular groups, in conjunction with EPA and other Federal measures, would establish guidelines, would establish procedures, and would address the whole issue in such a way where we would, first of all, be well aware of the problem we have before us, and then, once we establish this problem—establish the fact that we have the problem and what the problem is—then be ready to provide the funding and necessary procedures for correcting it.

Chairman KILDEE. Ms. Zielke?

Ms. ZIELKE. Well, starting out as a local PTA person and a parent, coming into the school, I'd start in the reverse order than Federal, State, and local. Coming into the school building as a parent, I would want to feel that I'm going to get answers to the questions I have and that there would be an openness there to share with me the information I am seeking, and that is, is that school safe for my child, and particularly that that room where the child is going to be enclosed for a number of hours.

If there is the presence of any lead hazard, what is the school district doing about it, so that that local administrator would be able to direct me to where I could get the accurate information to know what's being done about this problem, if it is a problem.

If there is no problem, what assurances do I have that, indeed, that environment is safe? What are the standards that are enforced from the State level but may have been set at the Federal level with good research and funding to assist local school districts so that the environment that children are to learn in—because they're compelled to be there—is indeed safe for my child.

I think, as a parent, I would want to feel safe with the information that's given to me. I would hope that I would not have to chase around to all kinds of agencies to get my own information.

Chairman KILDEE. Mr. Murphy?

Mr. MURPHY. Yes, Mr. Chairman. As a superintendent, I would want to have the facility tested by professional experts from the State environmental protection agency, utilizing validated research and standards. I think that what we do has to be standardized for every school district, and the only way to do that is to use a State agency, where they have the experts, and not rely on the brochures we all receive as soon as a bill is passed, saying, "Our company just sprung up, and we can do it for you," and they're all different standards.

I want to make sure that the testing be done and that it be done accurately, and then, once it is done, I would move very quickly to remove the hazard, if a hazard exists, and at that point I believe, as I testified, that the Federal Government and the State and the local government would have to share that cost, whatever it may be, because I can be substantial.

Just for one minute: In my community, having tested every spigot in every school, we found that it is the city water mains coming into the school, and to take them and replace those water mains is a tremendous cost. You can imagine what it would cost to replace a water main maybe that goes two blocks into a school. So those costs can be substantial.

So, first of all, you put the children's safety first. I'd want validated data, so if I'm going to do it, it's done properly, it's done by the experts, and that the finances to do it are provided through the State and not relying on a scatter-gun approach, where everyone makes up their own local interpretations of what the regulations are.

Chairman KILDEE. Mr. Kupfer?

Mr. KUPFER. As a grandparent in that situation, and in that situation, probably not having the funds necessary to do it myself, I would first want my child tested to determine what the body burden of lead actually was.

If high, I would need help, and probably in a team effort from all of the agencies, Federal, State, and local, to determine where that exposure was coming from. Is it the house? Is it a neighbor house? Is it the play area that my child uses? Is it the school? Where is that child getting that lead from, through an environmental survey?

I would want medical treatment, if that was necessary because of my child's medical condition.

Then, if there were certain areas that we found high lead in, I would want the ability either to move my child out of that setting, because of the situation, or. if it was necessary my child be in that setting, have remedial action taken to eliminate that exposure.

Chairman KILDEE. Thank you.

Mr. Chase?

Mr. CHASE. Thank you.

I believe the question is as it relates to schools, and as a parent, if in fact my child was entering kindergarten, as was the question you posed, I believe I would want to know, first of all, that the standards had been established, that the appropriate testing had been done in the school which my child was entering. I would want to know the results of that testing, and, if in fact there was a need

for abatement, I would want that abatement to be completed as soon as possible.

As to the role and responsibility of the three agencies you asked about, I believe that they should be shared equally.

Chairman KILDEE. Thank you.

A thought just occurred to me. I mentioned earlier that when I discovered that over in Annex 1—called the O'Neill Building—when I discovered that there was lead in the water in the same building where the pages, who are 11th-graders live, as Chairman of the page board I immediately ordered bottled water brought in.

I've noticed, also, that every day you find the bottled water being wheeled through the Rayburn Building here. You mentioned that much of the lead may be coming from the city mains. I wonder, if they tested the water in the White House and found lead there, how long it would be before they had a different source of water.

I'm just asking these questions. I recognize that all of you want to address the health problem. It's a question of how we fund it, who funds it, how we determine the health problem, whether a health problem exists, but I know we resolved all our doubts quickly around here when they discovered lead in the buildings around here. I don't know many who are drinking out of the water fountains in the halls much any more. I know the pages aren't, and probably a lot of the members aren't.

I don't know what they do at the White House. I won't make any further comment on that.

Mr. Hayes?

Mr. HAYES. Thank you, Mr. Chairman.

You and I both know the answer to that obvious question that you asked. I have no doubt that people in the White House are not drinking from the water fountains that are provided around here.

I want to thank you and the witnesses who appeared before us and have given their testimony. I want to clearly express my support and thanks to the two people who come from the citadel of democracy, Chicago, and my constituent, Attorney Barber.

I have one question that I'm going to raise, but I want you first to clearly understand my position as a member of this committee. I support this legislation and have great concern about delaying the passage of H.R. 5730.

While some educational institutions are expressing concerns about the potential costs and other related problems, the threat of lead is well known and documented and should not be ignored. Studies have shown that millions of children have lead levels high enough to cause adverse effects, serious ones. However, poor and minority children appear to suffer the greater risk.

Some of the witnesses today have addressed the concern that this bill will cause the same problems as the recent asbestos law, that they will be burdensome and costly. Others have countered that claim by stating that this legislation's scope is not as broad as the asbestos law, and actually not as stringent.

Moreover, questions here remain unanswered as to the effects of asbestos and what the level of exposure—that is, how dangerous it is.

As it concerns lead poisoning, there is a strong scientific consensus that exposure is very damaging.

I, therefore, would like to just make it clearly understood, I as a member of this committee place human interest concern above cost. Too often, the members of this Congress have on other issues tried to measure human interest against cost, and I think this is wrong.

My specific question is directed toward you, Mr. Barber. Can you break down the $1.1 billion that you cited for Chicago? Is that figure based on the average estimated cost of testing for lead poisoning that was discussed earlier in the hearing? Does your figure include abatement costs?

Mr. BARBER. Thank you, Congressman. The figure I gave you relate to the $1.1 billion does not include any specific costs of lead reduction. It really entails the cost to rehabilitate and renovate the schools in Chicago. As you are aware, most of our buildings—over 50 percent of our buildings—were built prior to 1941. Many of them are crumbling.

Mr. HAYES. Particularly those in my and your area.

Mr. BARBER. That's true.

Many of them are in—their condition is really very, very, very bad. We realize that there are many health hazards in the buildings, but we also are under the constraints of a budget which will not allow us to really provide the necessary repairs and rehabilitation.

The figure I gave you does not include any lead reduction.

One other comment I'd like to make: In no way, I hope, was it ever implied that I would ever—or the Chicago Board of Education or anyone—would put the interests of the human interest before cost. We would never do that, and it was not my intention to even make any implication along that line.

Mr. HAYES. I was just letting you know that there are members of this body, who will have to act on this, who put human interest behind cost.

Mr. BARBER. Cost is a factor that we have to consider. We just recently opened our doors at the very last hour, because we had over a $200 million shortfall. We project for next year, at this point—and that $200 million did not include teacher increases, teacher salary raises, which we had to handle on a separate basis.

At this particular point, we anticipate a $300 million shortfall for next year. This does not include any rehabilitation. It does not include any lead abatement of any type. So we have to make this an issue in relation to when we put the whole thing in perspective.

But under no circumstances would we ever jeopardize in any way the lives of any youngster in our schools.

Mr. HAYES. I have a lot of respect for your interest and concern about the welfare of our young, and I know that you are sincere in your approach, and I didn't want to imply that I thought you were placing the cost above human interest. But if we pass this legislation, we might be able to get them to understand that it's more important to take care of our young and help them to keep living than it is to be worried about how much it costs.

Mr. BARBER. If I may just comment, Mr. Goodling isn't here at this particular point. Any mandate of this type is agreeable to us. but we have to consider how it will be funded.

Mr. HAYES. Thank you.

Chairman KILDEE. Thank you very much.

The bell has rung for a rather important vote over in the House, the rule on the family leave bill. For that reason, I may want to submit some additional questions in writing to you. We'll keep the record open for one week for that purpose.

I'd like to say, also, that the Chair recognizes fully that all the people on this panel are very concerned and sensitive people who are concerned about the health of the children, and all of you have helped this committee in its deliberation, and the Chair thanks you for your testimony.

With that, the subcommittee will stand adjourned.

[Whereupon, at 12:15 p.m., the subcommittee was adjourned subject to the call of the Chair.]

[Additional material submitted for the record follows:]

STATEMENT OF VERNON HOLLOMAN, JR., EXECUTIVE DIRECTOR, CHILD CARE AMERICA

Mr. Chairman and subcommittee members:

My name is Vernon Holloman, Jr. and I am writing to you today in my threefold capacity of Executive Director of Child Care America, a national trade association representing licensed private and religious child care centers, as Executive Director of its Virginia affiliate, the Private Child Care Association of Virginia, and as an owner-operator of four early childhood and elementary schools in the Tidewater area of Virginia.

Because of time limitations, I will limit my observations to three issues: (1) Are unfunded mandates to alleviate potential lead paint and lead in drinking water necessary, given their economic and other impacts? (2) What are the expected costs associated with the required lead hazard protection activities? and (3) What are better solutions to the problems?

(1) *Unfunded Mandates*

Child Care America (CCA) agrees completely with Chairman Ford's statement in his letter to Speaker Foley, dated August 4, 1992, requesting sequential referral on H.R. 5730 that: "Although appropriations are authorized to assist in the testing and abatement of lead in paint, dust, soil and water, there is no assurance that the Federal Government would, in fact, provide any financial assistance to help in carrying out these duties. Consequently, these requirements may lead to yet another unfunded mandate placed on schools and day care centers ... Before we impose such a burden, our committee believes that we should give great thought to the consequences."

CCA also strongly supports the statements made in the letter from EPA Assistant Administrator, Linda Fisher, to Chairman Dingell dated July 31, 1992 that mandatory lead inspection programs:

Will have a serious impact on the general availability and quality of child care services;

Will encourage and even implicitly mandate expensive abatement procedures in lieu of notification; (What owner, director, or operator of a child care center will not see that the mere notification—the equivalent of a skull and crossbones on doors and walls—without an accurate assessment of risk will lead to unfounded fears, accompanied by the mass exodus of clients and staff, and unnecessary or counterproductive abatement activities, including the removal of all lead paint?)

Will replicate the tragic, extremely costly, early experience of the asbestos-in-schools program where some schools hastily removed all asbestos, regardless of its condition, and at the same time, increased the potential dangerous exposure of the children targeted for protection.

(2) *Expected Costs*

Due to the last minute expansion of coverage, when two previous Energy and Commerce subcommittee bills were melded and there was no input from representatives of the child-care community, to include potentially all Kindergarten, Pre-K, Center-based, and Family and In-Home Child Care Programs operating in pre-1980 facilities, the scope (and costs) of the bill were increased exponentially. Let's look at the numbers.

Currently, there are *176,000* licensed child care centers, Head Start programs, Pre-K and Kindergartens in private and public schools. If each of them had to conduct inspections, and the $120 million authorized was appropriated in full over the four years covered, each would receive $680

If the *118,000* licensed family day care centers are included, the allotment would drop to *$408* per location.

At the same time, while the legislation purports to provide equal protection to all children under six, we must bear in mind that 75-90 percent of all family and in-home care is unregulated and unlicensed, slightly more than *1 million* homes. Under the bill's criteria, these homes and the children in them would remain uncovered and unprotected (and their owner-operators would unjustly not have to incur the costs that their regulated counterparts would have). For the sake of argument, let us assume that these unlicensed homes choose to participate in the new child care certificate or voucher parent choice program under the new Child Care and Development Block Grant (or the Jobs or new "At-Risk" programs), the per program allotment under the lead hazard program would drop to *$93*. And this is based on the premise that the full $30 million will be appropriated annually

Moreover, because of the costs associated with both inspection and abatement, coupled with the enormous penalties of $5,000 a day, for a small business center or home, it is not unthinkable that unlicensed homes will not participate in the Block

Grant certificate program, thus drastically reducing the availability of child care options and countermanding the purposes of the hard-fought child care legislation. In addition, because many centers operate in leased facilities, under the substantial threat of liabilities and penalties, owners will cancel or not grant leases.

What are some of the estimated costs for inspection and abatement activities? The costs for lead-paint inspections could range from $400 to $1,500 per location, and this does not include the costs associated with the inspections required after each renovation activity, nor the multi-sample soil and dust tests. Soil must be tested under the bill even if the exterior of the building is not lead-based. Estimated costs associated with abatement activities are much higher, ranging from $5,500 to $11,900 per location.

Moreover, EPA has estimated that it would cost $200 million alone to inspect just the public school-based programs and the buildings in which they operate, and an additional $5–$10 million to inspect their drinking water. (Chairman Ford's letter also observed that the bill "does not seem to make [private] centers eligible for the receipt of any possible Federal funding to assist in these [drinking water inspection] efforts.")

Under no circumstances will any level of proposed Federal assistance compensate child care programs for the costs that they will incur—costs that will imperil their continued existence, or be passed on to parents who cannot afford them.

(3) *Alternative Solutions*

CCA seriously hopes that the Committee on Education and Labor will see the wisdom and even necessity of amending the bill to remove the mandates, increase public awareness, and let the States operate under a grant program whereby the State would rank programs according to their seriousness, and utilize available appropriated and allocated funds to fund inspections and abatements for programs involving children from low-income families, or in areas of special need.

Rather than inaugurate under Section 421 a new and costly national program to train and accredit inspectors and deleaders, center owners and operators could send personnel for specialized training after which they could perform the necessary inspections of their facilities rather than bring in costly outsiders. Any notifications of parents and staff about existing conditions should be accompanied by a reasonable risk analysis.

As drafted, finally, the bill exhibits the usual and regrettable biases against those centers that have chosen to pay taxes, so-called for-profits. They are not eligible to receive training grants, nor are they exempt from accreditation and licensing fees. In fairness, this should be corrected, lest once again burdens be borne unjustly by the private sector which in reality are small businesses with very limited cash flows and resources.

I thank you for your courtesy and attention, and pledge that CCA will work with you both to craft a fair and targeted bill and to ensure all children equal protection under the law.

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